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ABSTRACT

This Kids Count report examines statewide trends in the well-being of Tennessee's children. The statistical portrait is based on indicators of children's well-being in four main areas: (1) child health; (2) education; (3) social indicators; and (4) economic status. The report begins with an executive summary and a lengthy listing of the major statistical findings in each indicator area. The report continues with the statistical summary for each of the four indicator areas, including a narrative of the problems and progress made in the target area, as well as statistical data. The first area covers the status of health, including the TennCare program, prenatal care, teen pregnancy, low birth weight, infant mortality, child death, teen violent death, alcohol and drug abuse, and sexually transmitted diseases. The second area pertains to the status of education, including Head Start, school safety, education, special education, high school dropouts, and school nutrition. The third area covers social indicators, including child abuse, juvenile justice, and state custody. The fourth area addresses economic status, including income, families first, food stamps, labor, housing, single parent families, and population. The report concludes with a listing of definitions and terms. (Contains 49 references.) (SD)

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Tennessee

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the state of the child in Tennessee

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Tennessee kids count

the state of the child in Tennessee - 1999

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Tennessee Commission On Children and Youth

The Tennessee Commission on Children and Youth (TCCY) is an independent state agency advocating for improvement in the quality of life of children and families. To fulfill this mission, TCCY collects and disseminates information on children and families for the planning and coordination of policies, programs, and services; administers and distributes funding for teen pregnancy prevention programs and for improvements in juvenile justice, and evaluates the delivery of services to children in state custody.

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Data Sources

- Business and Economic Research Center, Middle Tennessee State University
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- Tennessee Council of Juvenile and Family Court Judges
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- Tennessee Department of Children's Services
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how to use this book

The Kids Count State of the Child provides usable information for private citizens, as well as professionals, who have an interest in the status of children in Tennessee. Indicators selected represent specific areas impacting children's health, social, educational, and economic status in this state.

The data summarized in the 1999 Tennessee Kids Count State of the Child represent the most current information available at the time of the publication. The summaries provided in the "Major Findings" section of the Executive Summary highlight only a portion of the information included in each of the four sections.

Data were provided to the Kids Count State of the Child in raw form by various state agencies working with the Tennessee Commission on Children and Youth. Standard mathematical formulas were used to convert data to the charts and descriptions of indicators. (See Key Facts below.)

The graphs were developed to stand alone and provide a visual depiction of the data. The narrative accompanying each indicator adds substantive information, reflecting broader issues that may be considered when viewing the indicator.

Key Facts

Due to the time required for data sources to collect the indicator data and the time required to produce the book, the 1999 publication reports 1996, 1997 and 1998 data. Data are based on different time intervals (e.g., calendar year, fiscal year, academic year, three-year averages, and five-year averages). The reader is cautioned to check each indicator or check definitions and data source to determine the exact time period being reported.

State-level data are based on 1997 population estimates compiled by the Department of Sociology, University of Tennessee, Knoxville. National data are based on the Population Reference Bureau analysis of data from the U.S. Bureau of the Census, Current Population Survey (March supplement), 1983 through 1997.

No rates are reported for counties when the incidence of an indicator is too small to be meaningful (i.e., the rate of teen birth is not calculated when the population is less than 100). The reader is cautioned to check each footnote for clarification.

To interpret indicator rates, the reader is cautioned to check each heading specification (percent, rate per 1,000, or 100,000) or check definitions and data sources.

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executive summary

Kids Count: The State of the Child in Tennessee is published by the Tennessee Commission on Children and Youth with partial funding from The Annie E. Casey Foundation.

The Annie E. Casey Foundation funds a national and state-by-state effort to track the status of children in the United States. By providing policy makers and citizens with benchmarks of child well-being, Kids Count seeks to enrich local, state, and national discussions concerning ways to secure better futures for all children. At the national level, the principal activity of the initiative is the publication of the annual Kids Count Databook, which uses the best available data to measure the educational, social, economic, and physical well-being of children. The Foundation funds statewide Kids Count projects in 49 states, including Tennessee.

The Tennessee Commission on Children and Youth (TCCY) is an independent state agency created by the Tennessee General Assembly to advocate for improvements in the quality of life for children and families, coordinate regional councils on children and youth, administer state and federal juvenile justice funds, evaluate services to children in state custody, and compile and disseminate information on Tennessee's children.

Data used in this publication were collected from various state and federal agencies and represent the most current data available at the time of the publication. Narratives on each of the child indicators were developed to provide a summary of the findings and implications regarding the status of children. Indicators are grouped into four major categories, including health, education, social, and economic.

Major Findings

Health

✓ As of April 1, 1998, 507,726 children under the age of 18 – nearly half of the entire enrollment – were enrolled in TennCare, .
✓ 23.5 percent of Tennessee's entire population, nearly one in four, was enrolled in TennCare as of September 1998.
✓ Between the years of 1995 and 1997, Tennessee's child death rate declined to 29.3 per 100,000, still worse than the national average of 26 per 100,000 in 1996.
✓ In 1997 male teens were one-and-a-half times more likely to die from injuries than female teens.
✓ More than half of the total 296 deaths to teens under ages 15-19 were due to motor vehicle accidents.
✓ The infant mortality rate for African-American babies (16.3 per 1,000) was two-and-a-half times greater than the rate for white babies (6.4 per 1,000)
✓ 4,267 births in the state were to teen mothers between the ages of 15 and 17.
✓ 8.8 percent of Tennessee's babies had low birth weights.
✓ Since 1995, there has been a 14.9 percent decrease in sexually transmitted diseases in teens ages 15-17.
✓ 5,495 teens ages 15-17 got pregnant in 1997, a 3.3 percent decrease from 1996 to 1997.

Education Indicators

✓ One out of three students in Tennessee (33.1 percent) received free or reduced-price lunches.

✓ School expulsions decreased by 21 percent between the 1996-97 school year and the 1997-98 school year, reversing a 10-year trend.

✓ 7.3 percent, or one out of 14, of expulsions were a result of carrying firearms.

✓ 18 percent of Tennessee's students (178,480) were classified in 1997-98 as receiving special education services.

✓ High school dropout rates have decreased slightly from the 1996-97 school year to the 1997-98 school year (from 4.6 to 4.4 percent).

✓ The average cost per week for quality child care ranges from $70 per week for a four-year-old to $150 for an infant.

Social Indicators

✓ Every day in Tennessee 30 children are abused or neglected (10,803 cases per year of indicated abuse).

✓ In 87 percent of the child abuse cases investigated, the alleged abuse was by a relative or someone living in the home.

✓ Juvenile court referrals for crimes against persons decreased from 6,054 to 5,960, or 1.6 percent from 1995 to 1997.

✓ Overall referrals to juvenile courts increased slightly (11 percent) from 1995 to 1997, with the largest category increase in non-criminal proceedings.

✓ Slightly more than two-thirds of the children in state custody, or 68 percent, were adjudicated Dependent/Neglect.

✓ Almost half, 43 percent, of the children in state custody were in foster care placements.

Economic Indicators

✓ Tennessee's unemployment rate for teens ranges from 3.8 to 43.8 percent in counties throughout the state.

✓ Slightly less than a fourth, or 23 percent, of all children under age 18 live in poverty.

✓ 12 percent of Tennessee's children live in extreme poverty (50 percent of the poverty level).

✓ In more than 95 percent of the Families First assistance groups (cases), the head of the household is female.

✓ In Families First assistance groups, the average age of the caretaker is 34.2 years, with half having a high school diploma.

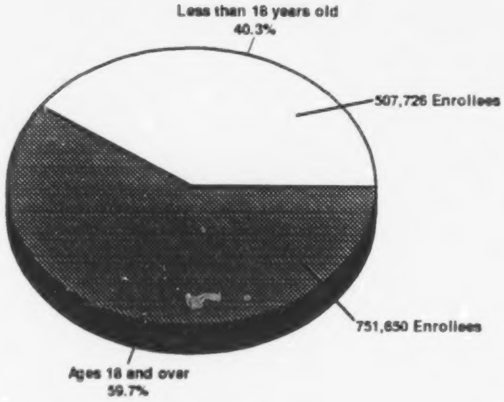
✓ The number of participants in Tennessee's Food Stamp program has declined by 29 percent from the 1993-94 fiscal year to 1997-98, declining by 211,417 participants.

the status of health for Tennessee's children

TennCare

TennCare Enrollees by Age, 1998

Data for less than 18 years old are from April 1998, and data for ages 18 and above are from July 1998.



Source: Bureau of TennCare, Tennessee Department of Health

In July 1994, TennCare replaced the state Medicaid program with a system of managed health care. TennCare services are offered through managed care organizations (MCOs) and behavioral health organizations (BHOs) under contract with the state. Enrollees have a choice of MCOs from those available in their geographic area. BHOs are in partnership with the MCOs, so the MCO choice determines the BHO.

TennCare services, as determined medically necessary by the MCO, cover inpatient and outpatient hospital care, physician services, prescription drugs, lab and X-ray services, medical supplies, home health care, hospice care, and ambulance transportation.

As of April 1, 1998, Tennessee had 507,726 children under the age of 18 enrolled in TennCare, representing 40.3 percent of the total TennCare enrollment.

In an effort to expand coverage to more of Tennessee's uninsured children, the Bureau of TennCare opened enrollment on January 1, 1998. Enrollment was expanded to teens under the age of 19 who met the TennCare criteria as uninsured. The Bureau of TennCare eliminated deductibles and limited co-payments to 2 percent for this newly eligible population and all uninsured children under 18 years of age enrolled in TennCare during previous open enrollment periods.

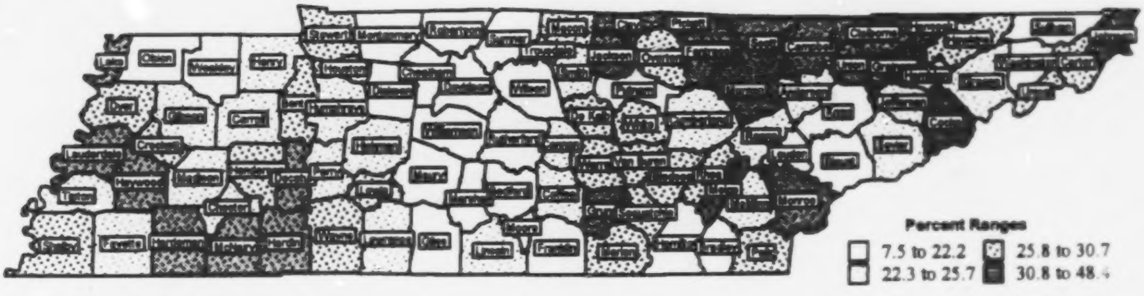
As of September 1998, 1,285,485 individuals were enrolled in TennCare, representing 23.9 percent of the total population in the state.

As TennCare enrollment has increased, a gradual move away from public health services into the private sector is occurring.

A 1997 survey of 24-month-old children indicated that, as the move to private health care providers occurs for TennCare recipients, the immunization rates for children have decreased. Conclusions drawn from the survey results indicated: 1) Children being seen by private providers are less well immunized compared with other population subsets; 2) Specific activities, such as the TennCare registry data exchange and targeting certain high risk TennCare patients, will be crucial to increasing immunization rates for this group; and 3) Identifying children at higher risk for incomplete immunization and providing intensified follow-up to assure they are immunized is imperative (Tennessee Department of Health 1997).

TennCare

Percent of Total Population Enrolled in TennCare, July 1998



County	TennCare Number	TennCare Percent*
Anderson	16,569	23.2
Bedford	6,845	20.0
Benton	4,643	28.5
Bledsoe	3,258	30.7
Blount	18,531	18.5
Bradley	16,125	20.1
Campbell	15,484	40.9
Cannon	2,952	24.5
Carroll	7,305	25.3
Carter	14,843	28.0
Cheatham	6,106	17.7
Chester	3,399	23.4
Claiborne	11,575	39.9
Clay	2,963	40.4
Cocke	12,206	38.6
Coffee	11,162	24.5
Crockett	3,697	26.8
Cumberland	10,879	25.2
Davidson	113,642	21.3
Decatur	3,362	31.2
DeKalb	4,717	29.9
Dickson	8,953	21.8
Dyer	10,238	28.1
Fayette	7,291	24.7
Fentress	7,697	48.4
Franklin	7,969	21.5
Gibson	11,997	24.9
Giles	5,369	18.9
Grainger	6,281	32.3
Greene	15,266	25.7
Grundy	6,595	47.2
Hamblen	13,033	24.3
Hamilton	61,944	21.0
Hancock	3,115	45.8
Hardeman	8,501	35.2
Hardin	8,809	35.6
Hawkins	13,340	27.3
Haywood	6,824	34.5
Henderson	6,230	26.0
Henry	7,600	25.6
Hickman	5,023	25.2
Houston	2,247	28.8
Humphreys	4,274	25.4
Jackson	3,417	35.8
Jefferson	9,823	23.4
Johnson	5,137	31.0
Knox	67,254	18.4
Lake	2,645	32.3
Lauderdale	8,345	34.5
Lawrence	8,874	22.7
Lewis	3,284	30.6
Lincoln	6,870	23.5
Loudon	7,483	19.6
McMinn	10,758	23.4
McNairy	8,244	34.8
Macon	5,260	29.6
Madison	20,770	24.5
Marion	7,934	29.7
Marshall	4,664	18.2
Maury	13,903	20.4
Meigs	3,305	34.1
Monroe	11,258	33.2
Montgomery	21,222	17.1
Moore	988	18.9
Morgan	5,794	31.3
Obion	6,969	21.7
Overton	5,839	30.5
Perry	1,897	25.3
Pickett	1,812	39.3
Polk	4,186	28.5
Putnam	12,925	22.2
Rhea	8,078	29.3
Roane	12,571	25.2
Robertson	9,505	18.5
Rutherford	21,372	13.4
Scott	9,516	48.1
Sequatchie	3,069	30.4
Sevier	16,044	25.6
Shelby	236,926	27.4
Smith	3,786	23.5
Stewart	2,942	26.1
Sullivan	33,457	22.2
Sumner	18,916	15.5
Tipton	11,226	24.4
Trousdale	1,907	28.0
Unicoi	4,686	27.2
Union	5,250	33.0
Van Buren	1,455	29.1
Warren	9,762	27.3
Washington	21,464	21.1
Wayne	4,447	26.9
Weakley	6,409	19.5
White	6,295	28.4
Williamson	8,345	7.5
Wilson	12,229	15.1
Tennessee	1,259,376	23.5

Source: Bureau of TennCare, Department of Health.

* Rate is based on 1997 population estimates prepared by the Department of Sociology, University of Tennessee, Knoxville.

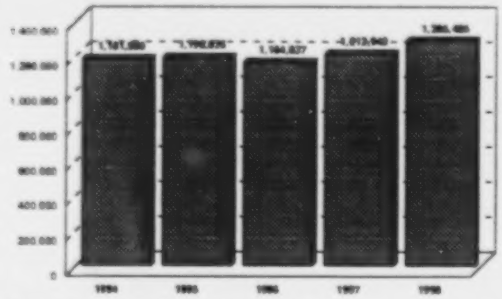
Note: The data in this report are for July 1998.

TennCare

TennCare and TennCare Partners follow a federal law called Early and Periodic Screening, Diagnosis and Treatment (EPSDT). EPSDT gives children up to age 21 the right to the treatment they need. Treatment includes physical health, normal development, and mental health services. TennCare health plans must tell families about these services and offer to help get appointments and rides when necessary. TennCare health plans must cover four types of health checks for children, including medical check-ups, hearing check-ups, eye examinations, and dental check-ups. All of the health plans allow children to receive these check-ups annually.

Total Population Enrolled in TennCare

September 1994-September 1998



Source: Bureau of TennCare Tennessee Department of Health

Medical check-ups must include:

- ✓ Questions about the child's past health.
- ✓ A complete study of the child's growth and development, both mental and physical.
- ✓ A physical exam without clothes.
- ✓ Any shots a child may need.
- ✓ Lab tests, including a blood test for lead, if needed.
- ✓ Advice on how to keep a child healthy.

TennCare Coverage By Rate Category

September 1998

Rate Category	Medicaid Eligibles	Uninsured/ Uninsurable eligibles	Totals
Less than 1 year old	29,684	4,147	33,831
Ages 1 to 13	273,624	102,602	376,226
Ages 14 to 44 (male)	47,149	87,077	134,226
Ages 14 to 44 (female)	164,350	111,696	276,046
Ages 45 to 64	9,967	83,862	93,829
Ages 65 and over	5,063	8,750	13,813
Medicaid/Medicare Duals	162,971	12,817	175,788
Aid to Blind/disabled	150,501	32,605	183,106
Totals	842,310	443,164	1,285,485

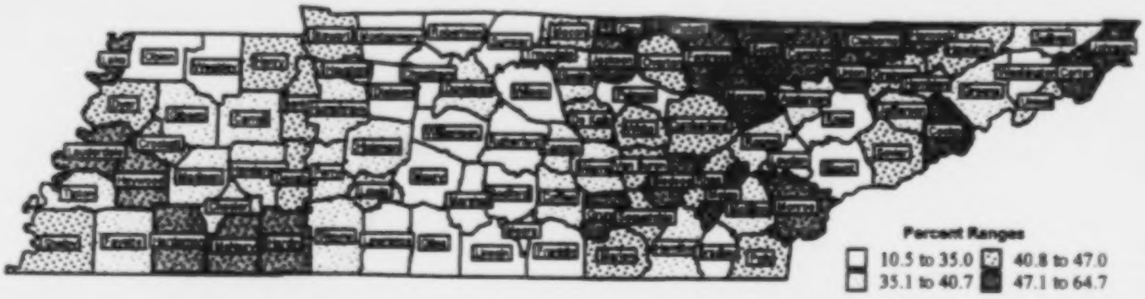
Source: Bureau of TennCare Tennessee Department of Health

TennCare plans must cover more than just doctor and hospital care for children; they must also help pay for:

- ✓ Case management.
- ✓ Personal care.
- ✓ Dental care.
- ✓ Rehabilitation (including speech therapy, physical therapy, and mental health rehabilitation).
- ✓ Medical equipment.
- ✓ Home health care.
- ✓ Private duty nursing.
- ✓ Respirator care.
- ✓ Organ transplants.
- ✓ Hospice care.
- ✓ Any other type of remedial care recognized by state law and done by someone licensed to do it (Legal Aid Society, 1998).

TennCare

Percent of Children Under 18 Enrolled in TennCare, April 1998



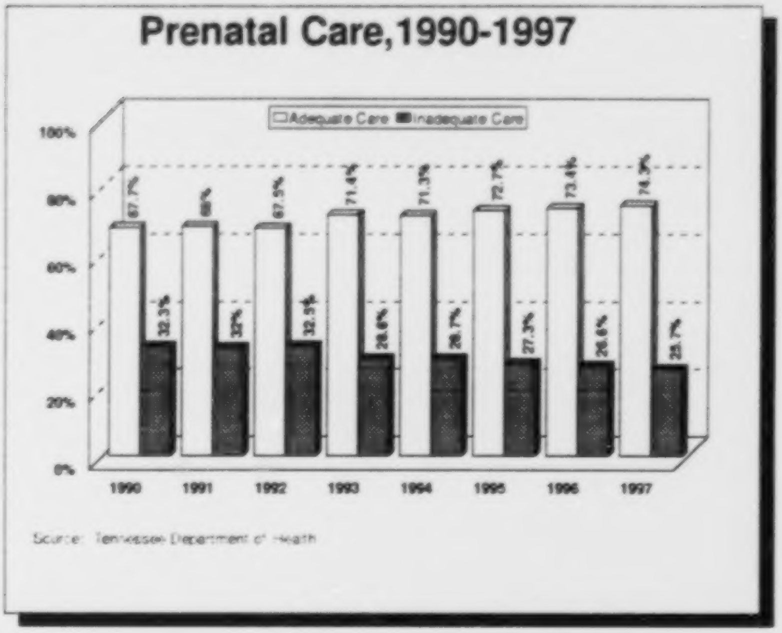
County	TennCare	
	Number	Percent*
Anderson	6,231	36.3
Bedford	2,736	31.2
Benton	1,747	46.9
Bledsoe	1,186	48.9
Blount	6,990	30.5
Bradley	6,290	32.4
Campbell	5,164	56.2
Cannon	1,130	36.9
Carroll	2,614	37.8
Carter	5,326	47.3
Cheatham	2,522	25.7
Chester	1,303	36.1
Claiborne	3,916	55.4
Clay	894	55.6
Cocke	4,326	59.2
Coffee	4,484	37.3
Crockett	1,461	43.1
Cumberland	3,975	42.0
Davidson	49,079	37.9
Decatur	1,097	47.0
DeKalb	1,683	47.0
Dickson	3,782	32.3
Dyer	3,886	40.9
Fayette	3,111	37.0
Fentress	2,507	64.7
Franklin	2,852	32.5
Gibson	4,692	40.2
Giles	2,010	28.0
Grainger	2,067	45.5
Greene	5,154	39.2
Grundy	2,266	63.4
Hamblen	4,730	37.0
Hamilton	25,793	36.2
Hancock	1,023	63.9
Hardeman	3,453	50.4
Hardin	3,081	49.7
Hawkins	4,765	42.6
Haywood	2,837	51.4
Henderson	2,248	39.5
Henry	2,900	44.7
Hickman	1,928	40.7
Houston	787	43.9
Humphreys	1,577	39.2
Jackson	1,122	54.9
Jefferson	3,576	39.2
Johnson	1,703	49.5
Knox	25,702	30.1
Lake	845	55.1
Lauderdale	3,212	47.5
Lawrence	3,341	32.1
Lewis	1,164	44.4
Lincoln	2,620	35.0
Loudon	2,751	31.0
McMinn	3,928	35.8
McNairy	2,750	49.1
Macon	1,931	42.7
Madison	8,958	39.2
Marion	2,946	43.2
Marshall	1,840	27.7
Maury	5,730	31.2
Meigs	1,320	59.8
Monroe	4,151	49.6
Montgomery	9,821	28.8
Moore	358	29.1
Morgan	2,208	49.3
Obion	2,622	34.7
Overton	1,929	44.1
Perry	676	37.7
Pickett	564	55.0
Polk	1,372	42.8
Putnam	4,515	32.5
Rhea	3,008	45.2
Roane	4,445	40.4
Robertson	4,093	28.2
Rutherford	9,188	20.5
Scott	3,323	61.2
Sequatchie	1,137	44.4
Sevier	6,482	44.1
Shelby	113,681	46.1
Smith	1,420	35.5
Stewart	1,011	40.9
Sullivan	12,058	36.5
Sumner	7,493	23.4
Tipton	5,070	35.4
Trousdale	661	41.7
Unicoi	1,521	44.2
Union	2,082	51.0
Van Buren	487	42.9
Warren	3,410	38.9
Washington	7,548	34.1
Wayne	1,653	40.1
Weakley	2,493	31.8
White	2,182	41.6
Williamson	3,276	10.5
Wilson	4,746	21.2
Tennessee	507,726	37.5

Source: Bureau of TennCare, Department of Health.

* Rate is based on 1997 population under 18 estimates prepared by the Department of Sociology, University of Tennessee, Knoxville.

Note: The data in this report are for April 1998.

Prenatal Care


Prenatal Care,1990-1997

Source: Tennessee Department of Health

Since 1990 there has been a slight improvement every year in the percent of births that experienced adequate prenatal care. Between 1990 and 1997 the percent of births with adequate prenatal care increased from 67.7 percent to 74.3.

Although statewide the overall percentage of new mothers with inadequate prenatal care has decreased, some Tennessee counties continue to experience increases. In 1996, Stewart County had 47.6 percent of births with inadequate prenatal care, and in 1997 that percentage increased to 49.6 percent. Stewart County continues to have the highest incidence of inadequate prenatal care. Houston County climbed from 44.7 percent to 45.4 percent. Williamson County continues to have the lowest percentage with 8.8 percent in 1996, decreasing to 8.2 percent in 1997.

Prenatal care is essential to the qualityof health for babies and mothers. It is also a major key to decreasing the number of low-birth-weight babies. Since young mothers are less likely than older mothers to receive adequate prenatal care and more likely to smoke and have inadequate weight gain, these mothers are at an elevated risk of having low-birth weight babies or babies with disabilities.

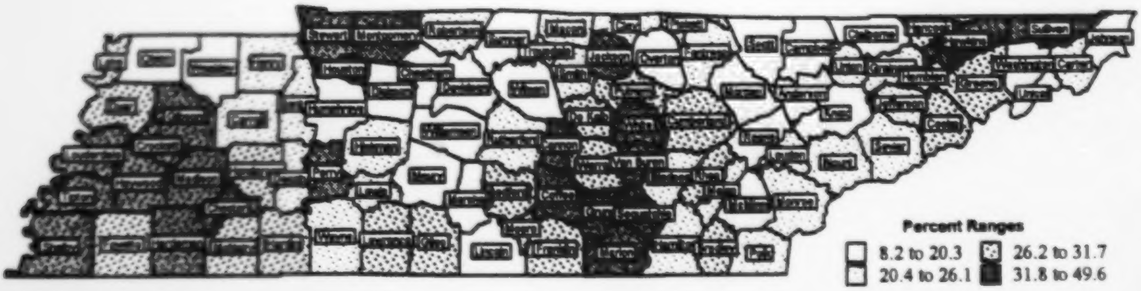
Barriers to mothers receiving adequate prenatal care include:

- ✓ Lack of health care providers willing to serve low-income women.
- ✓ Lack of transportation, especially in rural areas.
- ✓ Need for child care during prenatal visits.
- ✓ Need for culturally sensitive services.
- ✓ Improved motivation for economically disadvantaged women to receive adequate care.

Outreach efforts to increase awareness and health knowledge are needed for women prior to pregnancy, especially for teen, African-American, and disadvantaged women.

Prenatal Care

Percent of Births Lacking Adequate Prenatal Care, 1997



County	Prenatal Care	
	Adequate	Not Adequate
Anderson	83.4	16.6
Bedford	71.0	29.0
Benton	74.9	25.1
Bledsoe	76.5	23.5
Blount	78.2	21.8
Bradley	73.3	26.7
Campbell	83.5	16.5
Cannon	53.9	46.1
Carroll	74.2	25.8
Carter	79.2	20.8
Cheatham	90.2	9.8
Chester	61.9	38.1
Claiborne	79.7	20.3
Clay	79.3	20.7
Cocke	68.6	31.4
Coffee	62.6	37.4
Crockett	63.8	36.2
Cumberland	73.8	26.2
Davidson	85.7	14.3
Decatur	76.2	23.8
DeKalb	69.7	30.3
Dickson	80.6	19.4
Dyer	68.3	31.7
Fayette	71.7	28.3
Fentress	79.3	20.7
Franklin	69.7	30.3
Gibson	59.0	41.0
Giles	68.8	31.3
Grainger	75.9	24.1
Greene	68.9	31.1
Grundy	59.8	40.2
Hamblen	69.2	30.8
Hamilton	73.9	26.1
Hancock	72.8	27.2
Hardeman	57.1	42.9
Hardin	70.8	29.2
Hawkins	66.9	33.1
Haywood	57.7	42.3
Henderson	73.0	27.0
Henry	73.9	26.1
Hickman	78.3	21.7
Houston	55.0	45.0
Humphreys	82.7	17.3
Jackson	68.2	31.8
Jefferson	75.6	24.4
Johnson	81.8	18.2
Knox	82.6	17.4
Lake	70.1	29.9
Lauderdale	55.4	44.6
Lawrence	70.1	29.9
Lewis	77.2	22.8
Lincoln	82.5	17.5
Loudon	79.1	20.9
McMinn	80.0	20.0
McNairy	69.7	30.3
Macon	76.0	24.0
Madison	59.7	40.3
Marion	64.3	35.7
Marshall	81.2	18.8
Maury	79.9	20.1
Meigs	75.4	24.6
Monroe	77.3	22.7
Montgomery	58.1	41.9
Moore	71.4	28.6
Morgan	86.0	14.0
Obion	83.5	16.5
Overton	80.6	19.4
Perry	63.2	36.8
Pickett	73.3	26.7
Polk	76.1	23.9
Putnam	70.8	29.2
Rhea	73.3	26.7
Roane	80.1	19.9
Robertson	76.4	23.6
Rutherford	73.9	26.1
Scott	89.0	11.0
Sequatchie	65.2	34.8
Sevier	76.9	23.1
Shelby	66.4	33.6
Smith	74.3	25.7
Stewart	50.4	49.6
Sullivan	66.8	33.2
Sumner	87.9	12.1
Tipton	65.4	34.6
Trousdale	75.3	24.7
Unicoi	85.2	14.8
Union	77.6	22.4
Van Buren	64.7	35.3
Warren	72.7	27.3
Washington	85.7	14.3
Wayne	74.4	25.6
Weakley	79.8	20.2
White	68.0	32.0
Williamson	91.8	8.2
Wilson	84.3	15.7
Tennessee	74.3	25.7

Source: Office of Health Statistics and Information, Tennessee Department of Health.

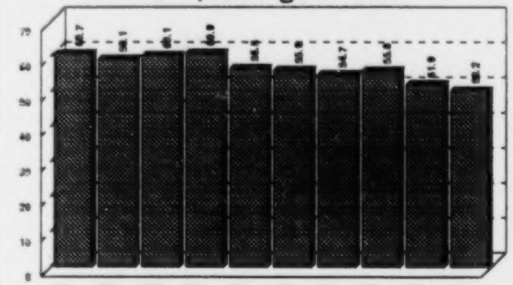
Note: Rate is based on live births.

Note: The data in this report are for calendar year 1997.

Teen Pregnancy

The care and protection of children is, first and foremost, a family concern. When teens have babies, the consequences are felt throughout society. Children born to teen parents are more likely to be of low-birth weight and to suffer from inadequate health care, more likely to leave high school without graduating, and more likely to be poor, thus perpetuating a cycle of unrealized potential (*When Teens Have Sex*, 1999).

Tennessee Teen Pregnancy Rate Per 1,000 Ages 15-17



Source: Office of Health Statistics and Information, Tennessee Department of Health

Teen Pregnancy

Tennessee's teen pregnancy rate continues to decline parallel to the national teen pregnancy statistics. The rate of teen pregnancy decreased by 17.3 percent between the years 1988 and 1997, with a 3.3 percent decline between the years 1996 and 1997. Despite Tennessee's steady decline, teen pregnancy rates remain higher than the national figures.

According to the national Kids Count publication, the U.S. is experiencing a 20-year low in the teen pregnancy rate and an impressive decline in the teen birth rate. Despite the decline, the United States still has the highest teen pregnancy rate of any industrialized country. About 40 percent of American women become pregnant before the age of 20. The result is about 1 million pregnancies each year among women ages 15-19. About half of those pregnancies end in births, often to young women and men who lack the financial and emotional resources to care adequately for their children (*When Teens Have Sex*, 1999).

The consequences of teen pregnancy are felt throughout society in increased health care needs, poverty, and a higher high-school dropout rate. "Experts estimate that the combination of lost tax revenue and increased spending on public assistance, child health care, foster care and the criminal justice system totals about $7 billion annually for births to teens" *When Teens Have Sex*, 1999)

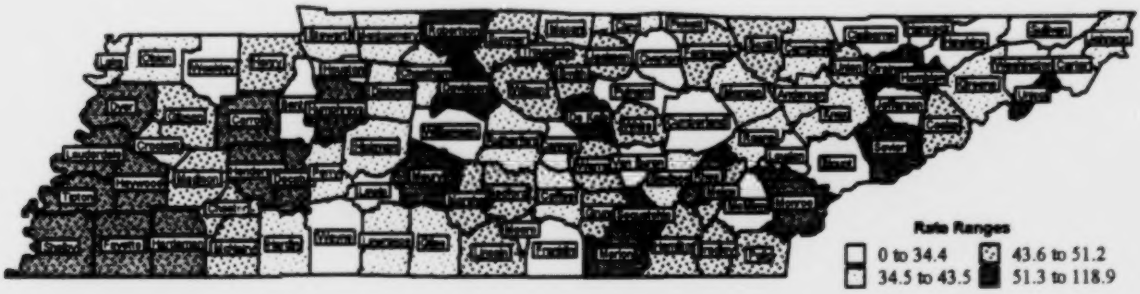
Lower teen pregnancy rates can be attributed to fewer teens having sex and the increase in the use of contraceptives by teens.

Encouraging indicators for teen behavior include:

- ✓ Greater emphasis on delaying sexual activity.
- ✓ More responsible attitudes among teens about casual sex and out-of-wedlock childbearing.
- ✓ Increased fear of sexually transmitted diseases, especially Acquired Immune Deficiency Syndrome.
- ✓ The growing popularity of long-lasting contraceptive methods, such as Norplant, the injectable Depo-Provera, and possibly the more consistent or correct use of other contraceptive methods.

Teen Pregnancy

Teen Pregnancy Rate Per 1,000 Women Ages 15-17, 1997



County	Teen Pregnancy Number	Rate
Anderson	56	40.6
Bedford	34	50.0
Benton	11	33.4
Bledsoe	7	38.3
Blount	59	30.9
Bradley	78	48.2
Campbell	30	37.9
Cannon	5	21.8
Carroll	33	58.0
Carter	35	34.4
Cheatham	28	40.7
Chester	18	46.3
Claiborne	10	14.9
Clay	6	42.3
Cocke	27	44.0
Coffee	42	43.4
Crockett	12	42.7
Cumberland	19	24.5
Davidson	613	60.7
Decatur	10	51.8
DeKalb	15	51.5
Dickson	35	39.7
Dyer	43	58.2
Fayette	38	59.4
Fentress	17	51.2
Franklin	26	32.4
Gibson	46	48.7
Giles	27	43.5
Grainger	23	64.6
Greene	44	40.3
Grundy	14	46.1
Hamblen	69	66.8
Hamilton	282	49.4

County	Teen Pregnancy Number	Rate
Hancock	4	29.0
Hardeman	29	55.4
Hardin	19	39.6
Hawkins	26	27.8
Haywood	51	118.9
Henderson	27	57.2
Henry	25	46.9
Hickman	13	37.6
Houston	4	27.0
Humphreys	16	53.5
Jackson	8	48.2
Jefferson	31	34.1
Johnson	11	38.6
Knox	265	35.0
Lake	5	38.2
Lauderdale	45	83.6
Lawrence	33	39.9
Lewis	5	24.6
Lincoln	28	44.6
Loudon	22	30.6
McMinn	27	29.0
McNairy	22	49.7
Macon	15	43.0
Madison	95	50.9
Marion	31	57.2
Marshall	24	44.3
Maury	89	65.3
Meigs	8	44.2
Monroe	43	60.3
Montgomery	110	43.1
Moore	2	18.7
Morgan	13	34.7
Obion	22	34.5

County	Teen Pregnancy Number	Rate
Overton	10	27.5
Perry	5	37.9
Pickett	4	*
Polk	12	43.6
Putnam	36	25.8
Rhea	33	55.9
Roane	35	36.5
Robertson	69	69.0
Rutherford	139	35.2
Scott	20	49.5
Sequatchie	13	66.0
Sevier	62	53.1
Shelby	1,451	78.9
Smith	16	47.9
Stewart	8	38.5
Sullivan	81	30.0
Sumner	129	49.0
Tipton	75	73.2
Trousdale	6	47.6
Unicoi	19	57.4
Union	17	50.0
Van Buren	3	*
Warren	34	45.0
Washington	59	29.6
Wayne	6	17.6
Weakley	29	30.0
White	19	48.6
Williamson	45	17.6
Wilson	80	46.9

Tennessee	5,495	50.2

Source: Office of Health Statistics and Information, Tennessee Department of Health.

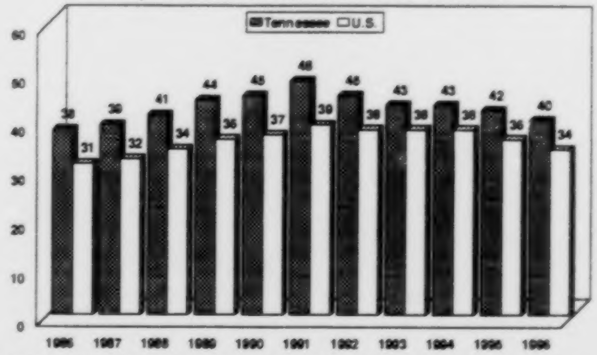
Note: Pregnancies include fetal deaths, abortions, and live births reported to the Department of Health.

* Rate not calculated when population is less than 100.

Note: The data in this report are for calendar year 1997.

Teen Pregnancy

Teen Birth Rate



Teen Birth Rate, Ages 15-17 (Rate Per 1,000 Females)

Comparison Between Tennessee and U.S.

Source: The Annie E. Casey Foundation 1999 Kids Count Data Book: State Profiles of Child Well-Being. Baltimore: The Annie E. Casey Foundation

Numerous individual, family, and neighborhood characteristics predispose girls to become single mothers. Female adolescents who are poor students with low educational aspirations are more likely to become teen mothers than are their high-achieving peers. Female adolescents who are raised in poverty by single parents and by parents with low educational attainment are also prone to teen parenthood (Coley, Lindsay, Lansdale, 1998).

Teens who live in communities with high rates of poverty, welfare use, and single-mother households are also at higher risk for teen pregnancy. The reasons for higher rates of teen pregnancy are hypothesized to revolve around experiences of poverty and resulting perceptions of limited life options and choices.

Early childbearing results in negative medical and social consequences for mother and child. Research has shown that a young pregnant girl's fetus is competing for those very nutrients that the girl's still-maturing body requires.

Teens are also at a high risk of giving birth to a premature infant or low-birth-weight baby. Both prematurity and low-birth weight are leading causes of infant mortality. Babies born to young mothers are more likely to have health problems during childhood than those born to older mothers (Guttmacher, 1997).

In Tennessee there were 4,267 births to teen mothers ages 15-17 in 1997.

Twice as many of the births were to white teens compared to African-American teens. However, when adjusting for the rate per 1,000 births, the rate for African-American teens was more than twice that of white teens in the 15-17 age group. This figure is not surprising when compared to the number of African-American teens who are raised in poverty proportionate to their white peers.

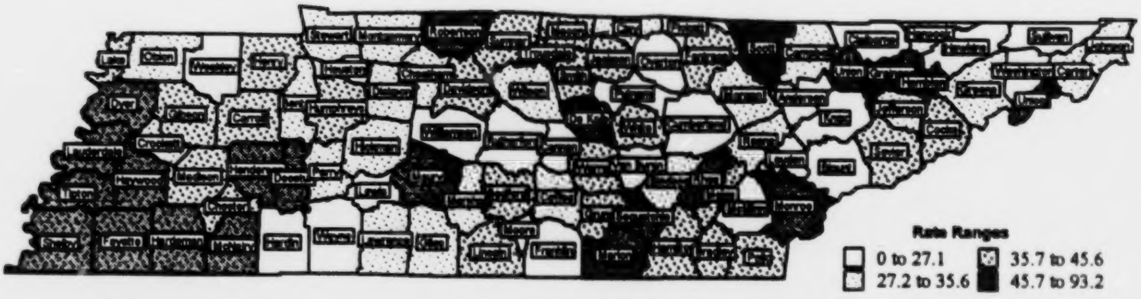
Preventing teen pregnancy is a feasible goal that requires aggressive action by families and communities. Communities and families need to provide accurate and consistent information about how to reduce risk-taking behaviors, such as premature unprotected sexual activity. Rather than becoming complacent because of the recent downturn, efforts should be made to cut the teen birth rate even more significantly.

What can we do?

✓ Communities and families need to encourage more frequent and less ambiguous

Teen Pregnancy

Teen Birth Rate Per 1,000 Women Ages 15-17, 1997



County	Teen Birth Number	Teen Birth Rate
Anderson	36	26.1
Bedford	31	45.6
Benton	9	27.4
Bledsoe	6	32.8
Blount	45	23.6
Bradley	62	38.3
Campbell	26	32.8
Cannon	3	13.1
Carroll	24	42.2
Carter	29	28.5
Cheatham	24	34.9
Chester	14	36.0
Claiborne	7	10.4
Clay	5	35.2
Cocke	26	42.4
Coffee	32	33.1
Crockett	10	35.6
Cumberland	17	21.9
Davidson	460	45.6
Decatur	10	51.8
DeKalb	14	48.1
Dickson	25	28.4
Dyer	34	46.0
Fayette	30	46.9
Fentress	14	42.2
Franklin	19	23.7
Gibson	36	38.1
Giles	20	32.2
Grainger	21	59.0
Greene	36	33.0
Grundy	13	42.8
Hamblen	55	53.2
Hamilton	247	43.2

County	Teen Birth Number	Teen Birth Rate
Hancock	4	29.0
Hardeman	25	47.8
Hardin	13	27.1
Hawkins	22	23.5
Haywood	40	93.2
Henderson	24	50.8
Henry	21	39.4
Hickman	12	34.7
Houston	3	20.3
Humphreys	12	40.1
Jackson	7	42.2
Jefferson	25	27.5
Johnson	9	31.6
Knox	203	26.8
Lake	5	38.2
Lauderdale	39	72.5
Lawrence	29	35.0
Lewis	4	19.7
Lincoln	23	36.6
Loudon	17	23.6
McMinn	23	24.7
McNairy	21	47.4
Macon	15	43.0
Madison	68	36.4
Marion	25	46.1
Marshall	18	33.2
Maury	76	55.8
Meigs	7	38.7
Monroe	39	54.7
Montgomery	79	31.0
Moore	2	18.7
Morgan	12	32.0
Obion	21	33.0

County	Teen Birth Number	Teen Birth Rate
Overton	8	22.0
Perry	4	30.3
Pickett	3	*
Polk	10	36.4
Putnam	31	22.2
Rhea	29	49.2
Roane	29	30.3
Robertson	49	49.0
Rutherford	103	26.1
Scott	19	47.0
Sequatchie	11	55.8
Sevier	50	42.8
Shelby	1,046	56.9
Smith	12	35.9
Stewart	7	33.7
Sullivan	59	21.9
Sumner	100	38.0
Tipton	64	62.5
Trousdale	5	39.7
Unicoi	18	54.4
Union	16	47.1
Van Buren	3	*
Warren	29	38.4
Washington	44	22.1
Wayne	5	14.7
Weakley	21	21.7
White	17	43.5
Williamson	33	12.9
Wilson	59	34.6

Tennessee	4,267	39.0

Source: Office of Health Statistics and Information, Tennessee Department of Health.

Note: Pregnancies include fetal deaths, abortions, and live births reported to the Department of Health.

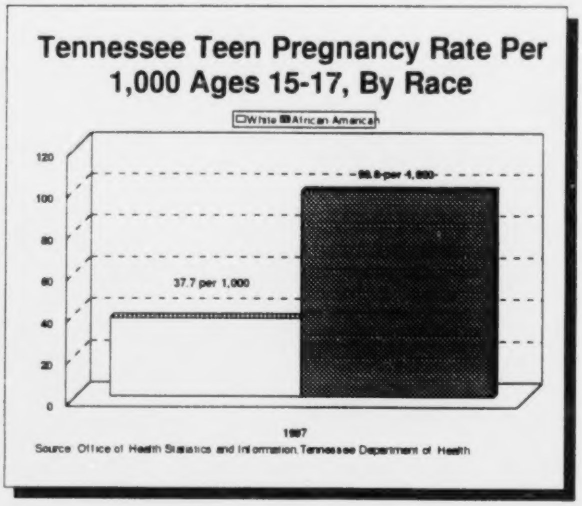
* Rate not calculated when population is less than 100.

Note: The data in this report are for calendar year 1997.

Teen Pregnancy

communication from adults, especially parents, on the issue of teen sexual activity.

- ✓ Communities and families need to develop comprehensive, community-wide plans of action for adolescent pregnancy prevention, including adolescent reproductive health services, sexuality education, and programs to encourage young people to delay childbearing.
- ✓ Communities and families need to give young people a real vision of a positive future by investing time and resources to help them acquire decision-making, communication, and work skills to prepare them for the adult world.
- ✓ Communities and families should support advocacy campaigns to encourage responsible portrayals of sexuality in television, movies, and other mass media.



Tennessee Teen Pregnancy Rate Per 1,000 Ages 15-17, By Race

Source: Office of Health Statistics and Information, Tennessee Department of Health

Common National Myths

Teens don't care about what parents think or say.
Fact: Young people rank parents as the preferred source of information about sex and health.

The high incidence of teen births is a new development in America.
Fact: In the 1950s the teen birth rate was as high as 90 births per thousand.

The recent decline in the teen birth rate is due to an increase in abortions.
Fact: Along with pregnancy and birth rates, abortion rates have declined, falling from 41 per 1,000 in1990 to 30 in 1995.

Sex education and access to contraception tend to increase sexual activity.
Fact: Evaluators have found no increase in sexual activity related to the amount of education teens receive. A review of 47 diverse programs found that sex education not only tended to delay the onset of sexual activity but also appeared to reduce the number of sexual partners.

Most Americans don't believe that teens should have access to birth control measures.
Fact: 73 percent of Americans agree that if teens are sexually active they should have access to contraceptives.

Teen pregnancy is only a problem of minority populations.
Fact: Teen pregnancy crosses all socioeconomic barriers. Every year in the U.S., 1 million young females get pregnant, with half of those pregnancies resulting in births. In 1997, 45 percent of the teen mothers were white, 27 percent were African-American, 25 percent were Hispanic, and 3 percent were from other racial or ethnic groups.

Low-Birth-Weight Babies

Reducing the number of low-birth-weight babies to no more than 7.1 percent is a state and national goal for the year 2000. Low-birth weight is a national standard defined as babies weighing less than 2,500 grams (5.5 pounds).

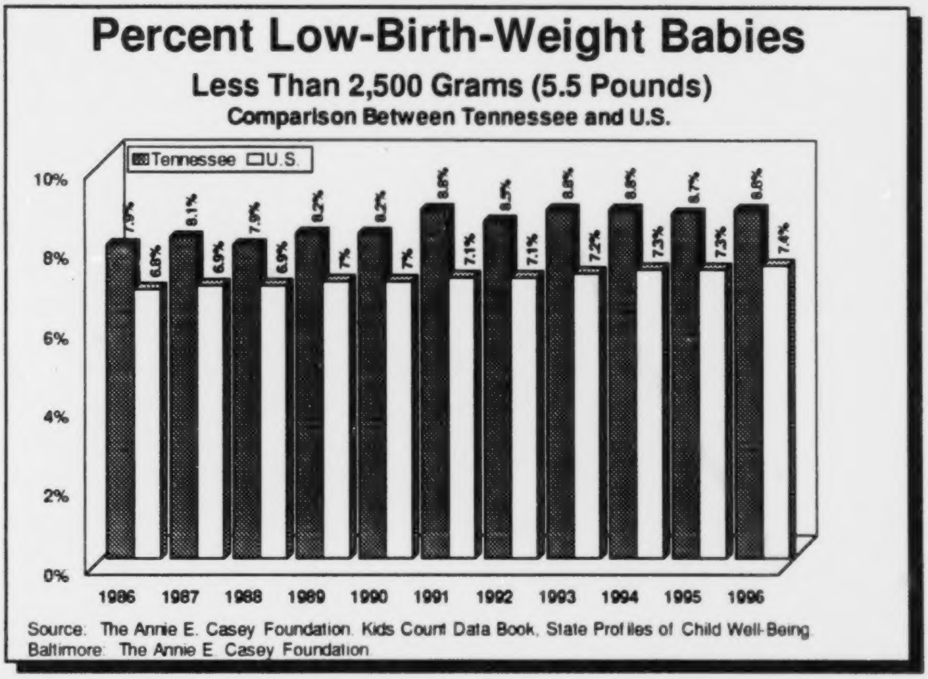
Tennessee had 7.4 percent white and 13.8 percent African-American low-birth-weight babies born to mothers in 1997. Despite a decline in the percentage of low-birth-weight babies born to African-American mothers, African-American babies are still twice as likely to be low-birth weight as white babies.

In 1996, 8.8 percent of Tennessee's babies were low-birth-weight, as compared to the national average of 7.4 percent. With the rate almost 19 percent higher than the national average, Tennessee ranked worse than 44 other states.

This raises several troubling issues for Tennessee: 1) Research shows that women who do not receive adequate early prenatal care are more likely to give birth to low-birth weight babies; 2) Mothers who do not have insurance are less likely to seek and obtain prenatal care.

Large improvements in neonatal technology in the last two decades have significantly improved the survival prospects of very low-birth-weight babies (VLBW). The costs for these infants are substantial in relation to more cost-effective preventative measures.

A recent study supported by the Agency for Health Care Policy and Research indicated that it costs five times as much, on average, for a first-year infant survivor weighing less than 750 grams (1.7 pounds) at birth ($273,900), compared to that for an infant weighing 2.8 to 3.3



Percent Low-Birth-Weight Babies

Less Than 2,500 Grams (5.5 Pounds)

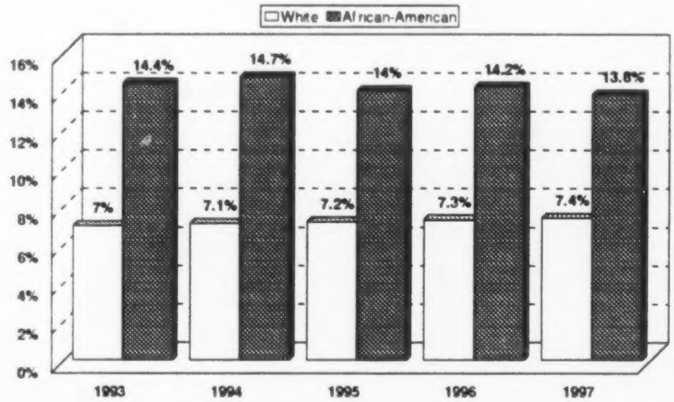
Comparison Between Tennessee and U.S.

Source: The Annie E. Casey Foundation. Kids Count Data Book, State Profiles of Child Well-Being. Baltimore: The Annie E. Casey Foundation

Low-Birth-Weight Babies

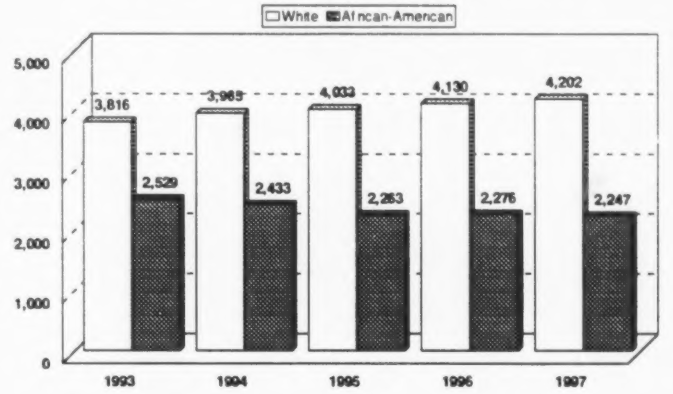
pounds ($58,000) (Agency for Health Care Policy and Research, 1998).

Percent Low-Birth-Weight Babies By Race of Mother (1993 -1997)



Source: Office of Health Statistics and Information, Tennessee Department of Health.

Number Low-Birth-Weight Babies By Race of Mother (1993 -1997)



Source: Office of Health Statistics and Information, Tennessee Department of Health.

Nationally, public policies aimed at improving birth outcomes by providing insurance coverage for pregnant women (such as recent Medicaid expansions) are a part of the effort to decrease infant mortality. By decreasing the likelihood of premature births, these policies can potentially be cost effective. A weight increase of 250 grams (8.8 ounces) for an infant at birth can save an average of $12,000 to $16,000 in first year medical costs, and a 500 gram (17.6 ounce) increase in infant weight generates $28,000 in savings.

Research shows that low-birth-weight babies are more likely to experience disabilities and health problems associated with their fragile condition.

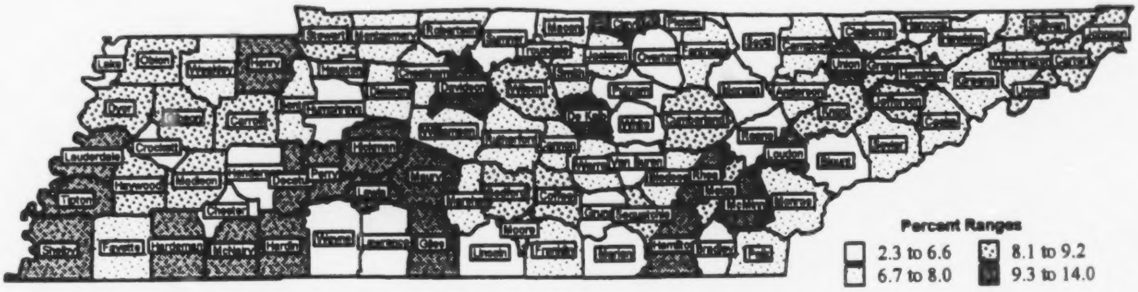
Disabilities and health problems associated with low-birth-weight babies include chronic asthma, epilepsy, cerebral palsy, and mental retardation. Babies who are low-birth weight tend to have developmental difficulties, learning disabilities, and high levels of distractibility as they age.

Socioeconomic factors primarily contribute to low-birth weight, but inadequate prenatal care, teen pregnancy, poor nutrition, and smoking contribute to this outcome, as well.

To reduce the low-birth-weight disparity between African American and white babies, efforts must be made to include quality prenatal care (especially for high-risk mothers), timely and thorough prenatal information, good nutrition, and affordable health care.

Low-Birth Weight Babies

Percent of Low-Birth-Weight Babies, 1997



County	Low-Birth-Weight Babies* Number	Low-Birth-Weight Babies* Percent**
Anderson	60	8.0
Bedford	47	9.2
Benton	12	7.2
Bledsoe	9	6.8
Blount	72	6.2
Bradley	75	6.6
Campbell	30	7.2
Cannon	11	7.8
Carroll	32	8.5
Carter	50	9.2
Cheatham	32	6.9
Chester	8	4.1
Claiborne	25	7.4
Clay	11	13.4
Cocke	35	8.0
Coffee	52	8.3
Crockett	10	5.7
Cumberland	40	8.5
Davidson	798	9.5
Decatur	12	9.5
DeKalb	23	11.1
Dickson	47	8.0
Dyer	38	8.2
Fayette	25	7.4
Fentress	15	6.9
Franklin	33	7.9
Gibson	43	8.5
Giles	40	11.4
Grainger	21	8.2
Greene	54	7.6
Grundy	9	5.2
Hamblen	68	8.9
Hamilton	360	9.5

County	Low-Birth-Weight Babies* Number	Low-Birth-Weight Babies* Percent**
Hancock	5	6.2
Hardeman	32	10.0
Hardin	30	10.6
Hawkins	36	7.0
Haywood	26	8.9
Henderson	21	6.0
Henry	34	10.7
Hickman	27	9.7
Houston	5	5.0
Humphreys	12	5.6
Jackson	8	7.3
Jefferson	41	8.6
Johnson	14	8.5
Knox	416	8.9
Lake	2	2.3
Lauderdale	49	14.0
Lawrence	34	6.2
Lewis	12	9.8
Lincoln	23	6.6
Loudon	47	10.7
McMinn	53	9.4
McNairy	27	9.4
Macon	17	6.9
Madison	97	8.4
Marion	23	6.6
Marshall	23	7.3
Maury	102	10.9
Meigs	12	9.0
Monroe	33	7.3
Montgomery	174	7.3
Moore	4	8.2
Morgan	12	6.0
Obion	34	8.7

County	Low-Birth-Weight Babies* Number	Low-Birth-Weight Babies* Percent**
Overton	11	4.7
Perry	9	9.5
Pickett	2	3.3
Polk	16	8.0
Putnam	50	6.3
Rhea	35	9.4
Roane	35	6.3
Robertson	61	7.7
Rutherford	186	7.5
Scott	20	6.5
Sequatchie	12	8.5
Sevier	65	7.7
Shelby	1,591	10.8
Smith	17	7.9
Stewart	11	8.9
Sullivan	154	9.2
Sumner	91	5.6
Tipton	68	9.8
Trousdale	4	5.2
Unicoi	19	9.0
Union	21	10.9
Van Buren	3	5.9
Warren	34	7.4
Washington	99	8.0
Wayne	10	6.3
Weakley	31	7.6
White	17	6.6
Williamson	113	7.9
Wilson	88	8.2

Tennessee	6,555	8.8

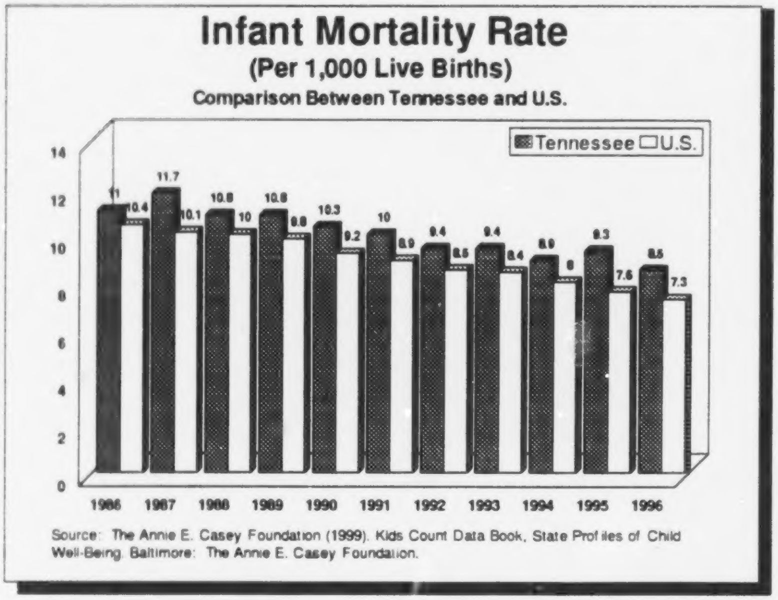
Source: Office of Health Statistics and Information, Tennessee Department of Health.

*Less than 2,500 grams or 5.5 pounds.

** Rate is based on live births.

Note: The data in this report are for calendar year 1997.

Infant Mortality

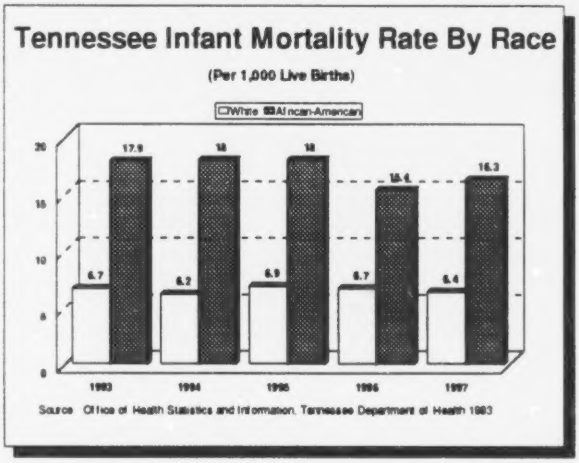

Infant Mortality Rate
(Per 1,000 Live Births)
Comparison Between Tennessee and U.S.

Source: The Annie E. Casey Foundation (1999). Kids Count Data Book, State Profiles of Child Well-Being. Baltimore: The Annie E. Casey Foundation.

Infant mortality is defined as the number of deaths per 1,000 live births. Infant mortality rates are used to assess the health of an area. Tennessee's infant mortality rate declined from 8.9 per 1,000 in 1994 to 8.5 per 1,000 in 1997.

The disparity between white and African-American babies continues to grow. In 1997, the infant mortality rate for white babies was 6.4 per 1,000, and the rate for African-American babies was 16.3 per 1,000. The incidence of infant mortality for African-American babies is two-and-a-half times greater than that for white babies.

Tennessee ranked 39th worst in infant mortality in 1996 (National Kids Count Databook). Tennessee's infant mortality rate (8.5 per 1,000) is consistently higher than the national average (7.3 per 1,000) for 1996.


Tennessee Infant Mortality Rate By Race
(Per 1,000 Live Births)

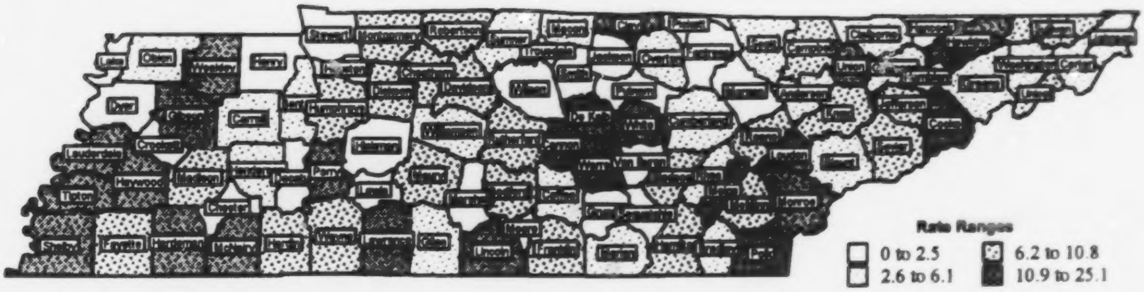
Source: Office of Health Statistics and Information, Tennessee Department of Health 1993

Many factors that lead to low-birth-weight babies also contribute to infant mortality. A large percentage of infants who die during the first year of life die during the first month (*Maternal and Child Health Nursing Practice*, 1992). Immaturity is the primary reason for infant mortality. Sudden Infant Death Syndrome (SIDS), congenital anomalies, and respiratory distress are contributing factors to the number of infants who die before 12 months of age. Other factors associated with infant mortality are the lack of prenatal care, births to adolescent mothers, and the increasing number of caesarean births (*Maternal and Child Health Nursing Practice*, 1992).

The national and Tennessee health objective is to reduce the infant mortality rate by the year 2000 to no more than eight per 1,000 live births. To reduce Tennessee's infant mortality rate, it is essential that all pregnant women, and especially those at high-risk, receive affordable and comprehensive prenatal care.

Infant Mortality

Infant Mortality Rate Per 1,000 Live Births, 1997



County	Infant Mortality Number	Infant Mortality Rate*
Anderson	2	2.7
Bedford	4	7.8
Benton	1	6.0
Bledsoe	1	7.6
Blount	7	6.1
Bradley	7	6.1
Campbell	3	7.2
Cannon	2	14.2
Carroll	1	2.7
Carter	2	3.7
Cheatham	5	10.8
Chester	0	0.0
Claiborne	2	5.9
Clay	1	12.2
Cocke	5	11.4
Coffee	2	3.2
Crockett	0	0.0
Cumberland	2	4.3
Davidson	72	8.6
Decatur	0	0.0
DeKalb	5	24.0
Dickson	5	8.5
Dyer	1	2.2
Fayette	3	8.8
Fentress	0	0.0
Franklin	3	7.2
Gibson	10	19.8
Giles	2	5.7
Grainger	1	3.9
Greene	4	5.6
Grundy	0	0.0
Hamblen	3	3.9
Hamilton	27	7.2

County	Infant Mortality Number	Infant Mortality Rate*
Hancock	0	0.0
Hardeman	8	25.1
Hardin	2	7.0
Hawkins	6	11.6
Haywood	7	23.9
Henderson	1	2.8
Henry	0	0.0
Hickman	0	0.0
Houston	0	0.0
Humphreys	2	9.3
Jackson	0	0.0
Jefferson	4	8.4
Johnson	1	6.1
Knox	35	7.5
Lake	0	0.0
Lauderdale	4	11.4
Lawrence	7	12.7
Lewis	0	0.0
Lincoln	4	11.5
Loudon	6	13.6
McMinn	4	7.1
McNairy	5	17.4
Macon	1	4.1
Madison	12	10.3
Marion	1	2.9
Marshall	0	0.0
Maury	10	10.7
Meigs	2	14.9
Monroe	6	13.3
Montgomery	20	8.3
Moore	0	0.0
Morgan	0	0.0
Obion	2	5.1

County	Infant Mortality Number	Infant Mortality Rate*
Overton	1	4.3
Perry	2	21.1
Pickett	0	0.0
Polk	3	14.9
Putnam	2	2.5
Rhea	2	5.4
Roane	5	9.0
Robertson	8	10.1
Rutherford	20	8.0
Scott	1	3.2
Sequatchie	0	0.0
Sevier	7	8.3
Shelby	182	12.3
Smith	0	0.0
Stewart	0	0.0
Sullivan	15	9.0
Sumner	8	4.9
Tipton	9	13.0
Trousdale	0	0.0
Unicoi	2	9.5
Union	3	15.6
Van Buren	0	0.0
Warren	6	13.1
Washington	6	4.9
Wayne	1	6.3
Weakley	6	14.8
White	4	15.4
Williamson	7	4.9
Wilson	2	1.9

Tennessee	635	8.5

Source: Office of Health Statistics and Information, Tennessee Department of Health.

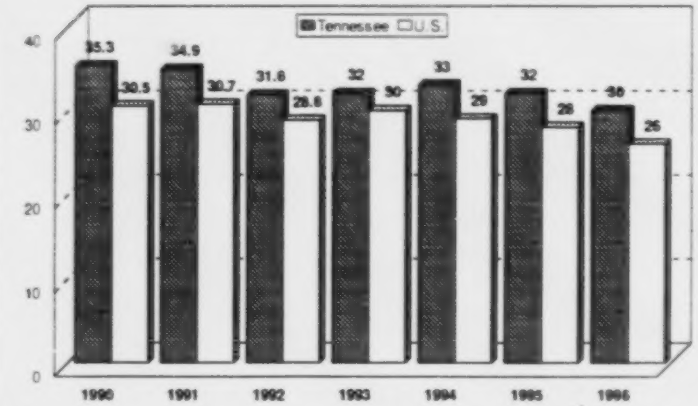
* Rate is based on live births of infants under one year of age.

Note: The data in this report are for calendar year 1997.

Child Death

The death of a child is a terrible tragedy for both families and communities. Tennessee has increased its efforts to improve the safety and health of children by ensuring health care for more children, promoting seat belt use, encouraging people to wear bicycle helmets, and promoting the "Back To Sleep" campaign to reduce the number of deaths attributed to Sudden Infant Death Syndrome (SIDS).

Child Death Rate Per 100,000, Aged 1-14



Source: The Annie E. Casey Foundation (1993-1999). Kids Count Data Book: State Profiles of Child Well-Being. Baltimore: The Annie E. Casey Foundation.

Tennessee's child death rate has declined from 32.7 in 1995 to 29.3 deaths per 100,000 in 1997. However, according to the national comparison in 1996, Tennessee ranked 32nd worst, with a rate of 30 per 100,000, compared to the national rate of 26 per 100,000. Community efforts to make our children safe need to continue vigorously to further reduce the child death rate.

The Child Fatality Review and Prevention Act of 1995 established procedures across Tennessee's 31 judicial districts to review all deaths of residents under the age of 17. The purpose of the Child Fatality Review Team is to recommend statewide education campaigns that assist in reducing the number of child deaths and to improve the health and safety of Tennessee children.

Child Fatality Findings

Children/Teen Deaths Under Age 17

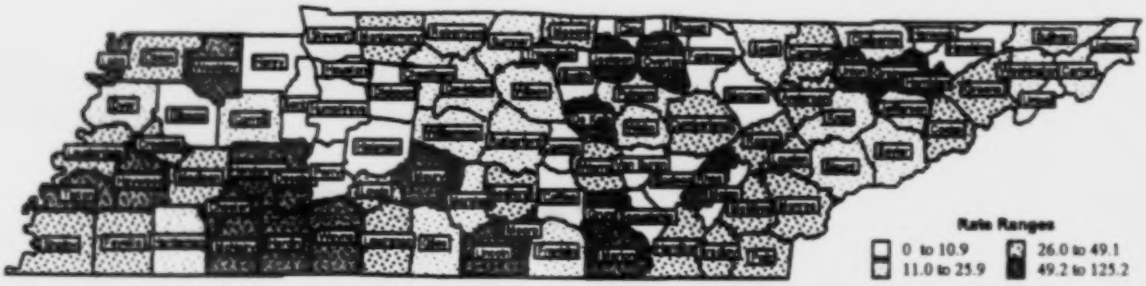
Leading Causes of Death	Number of Deaths 1996	Number of Deaths 1997
Vehicular Accidents	147	150
Firearms	65	12
Fire/Burning	25	20
Drowning	24	27
Inflicted Injury	15	NA
Suffocation	NA	19

Source: Child Fatality Review Board, Tennessee Department of Health

The 1996 Child Fatality Findings determined that males were 1.5 times more likely to die from injuries than females.

Child Death

Child Death Rate Per 100,000 Children Aged 1-14, 1997



County	Child Deaths	
	Number	Rate*
Anderson	5	37.1
Bedford	2	29.1
Benton	0	0.0
Bledsoe	0	0.0
Blount	3	16.8
Bradley	5	33.3
Campbell	3	42.3
Cannon	0	0.0
Carroll	1	18.7
Carter	1	11.6
Cheatham	1	12.6
Chester	2	75.1
Claiborne	1	18.5
Clay	0	0.0
Cocke	2	35.3
Coffee	1	10.5
Crockett	1	37.6
Cumberland	2	27.1
Davidson	20	19.8
Decatur	2	110.7
DeKalb	2	71.8
Dickson	0	0.0
Dyer	1	13.3
Fayette	3	46.2
Fentress	0	0.0
Franklin	1	15.0
Gibson	1	10.9
Giles	1	18.1
Grainger	3	84.8
Greene	4	39.2
Grundy	2	71.9
Hamblen	5	50.3
Hamilton	15	26.9

County	Child Deaths	
	Number	Rate*
Hancock	0	0.0
Hardeman	1	18.5
Hardin	3	61.4
Hawkins	0	0.0
Haywood	3	69.2
Henderson	3	67.6
Henry	0	0.0
Hickman	0	0.0
Houston	0	0.0
Humphreys	0	0.0
Jackson	1	62.7
Jefferson	1	14.8
Johnson	0	0.0
Knox	15	22.8
Lake	1	83.1
Lauderdale	2	37.4
Lawrence	4	49.1
Lewis	1	49.0
Lincoln	5	85.7
Loudon	2	29.0
McMinn	3	35.1
McNairy	5	113.5
Macon	1	28.2
Madison	5	28.0
Marion	4	75.3
Marshall	1	19.2
Maury	8	54.8
Meigs	0	0.0
Monroe	2	31.0
Montgomery	9	34.2
Moore	1	104.6
Morgan	0	0.0
Obion	2	34.4

County	Child Deaths	
	Number	Rate*
Overton	2	59.2
Perry	0	0.0
Pickett	0	0.0
Polk	1	40.2
Putnam	2	19.3
Rhea	3	58.7
Roane	3	35.3
Robertson	3	25.9
Rutherford	8	23.0
Scott	1	23.5
Sequatchie	0	0.0
Sevier	2	17.4
Shelby	68	35.2
Smith	0	0.0
Stewart	0	0.0
Sullivan	5	19.5
Sumner	6	23.8
Tipton	7	61.8
Trousdale	1	80.6
Unicoi	0	0.0
Union	4	125.2
Van Buren	0	0.0
Warren	2	29.4
Washington	4	23.6
Wayne	2	62.4
Weakley	3	52.7
White	1	24.3
Williamson	5	20.1
Wilson	4	22.4

Tennessee	310	29.3

Source: Office of Health Statistics and Information, Tennessee Department of Health.

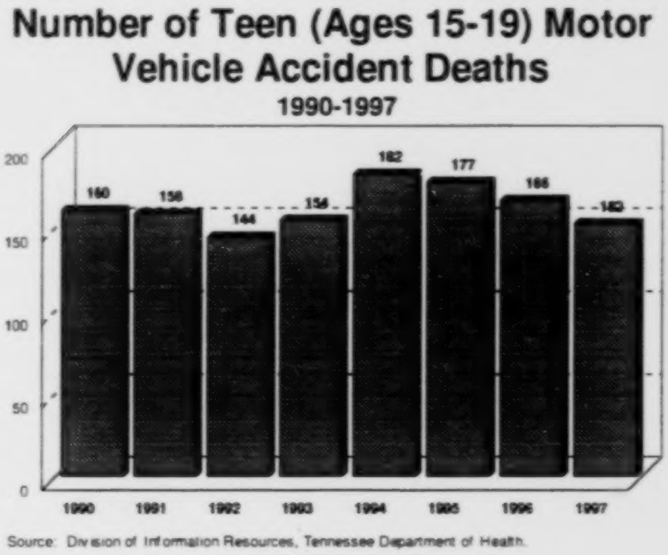
* Rate is based on 1997 population ages 1-14 estimates prepared by the Department of Sociology, University of Tennessee, Knoxville.

Note: The data in this report are for calendar year 1997

Teen Violent Death

The number of teen violent deaths has grown substantially in the past decade for teens ages 15-19. Between 1985 and 1996, the rate of teen deaths per 100,000 increased by 20.9 percent in Tennessee. Violent deaths include motor vehicle accidents, suicides, and homicides.

Motor vehicle accidents continue to be the leading cause of violent deaths among teens. More than half (152) of the 296 deaths were due to motor vehicle accidents. The majority of the motor vehicle deaths could have been prevented if more of the teens had been wearing seat belts.


Number of Teen (Ages 15-19) Motor Vehicle Accident Deaths
1990-1997

Source: Division of Information Resources, Tennessee Department of Health.

The second leading cause of teen violent deaths is firearms. In 1997, firearm-related deaths accounted for almost 70 percent (68.8) of deaths not caused by motor vehicle accidents. Greater access' to firearms by teens is partly responsible for this finding. It is estimated that nationally students carry 270,000 guns to school every day.

Nationally, Tennessee ranked 40th on this indicator. As reported in the 1999 *Kids Count Data Book*, the state's teen violent death rate in 1996 was 30.6 percent higher than the national average. In 1996, the U.S. average was 62 per 100,000 teens, compared to Tennessee's 1996 rate of 81 per 100,000.

The most populated Tennessee counties with large urban areas – Shelby, Davidson, Knox, and Hamilton counties – accounted for 39 percent of the teen violent deaths.

Young Driving Deaths

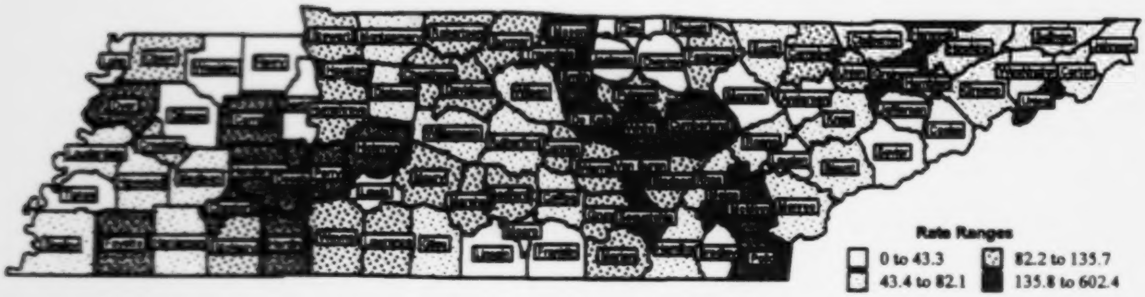
Deaths Per 100,000 Licensed Drivers in Three Age Groups

Year	16	17-19	20+
1975	19	27	14
1980	29	31	14
1985	26	25	12
1990	30	28	12
1995	32	25	11
1996	35	25	11

National Highway Transportation Safety Administration

Teen Violent Death

Teen Violent Death Rate Per 100,000 Teens Ages 15-19, 1997



County	Violent Death	
	Number	Rate*
Anderson	1	21.6
Bedford	2	87.6
Benton	0	0.0
Bledsoe	1	127.7
Blount	5	78.5
Bradley	2	36.0
Campbell	3	113.2
Cannon	1	121.8
Carroll	3	153.1
Carter	2	58.1
Cheatham	2	88.0
Chester	2	152.3
Claiborne	1	45.2
Clay	0	0.0
Cocke	0	0.0
Coffee	2	64.4
Crockett	1	107.8
Cumberland	5	190.6
Davidson	37	105.1
Decatur	1	150.2
DeKalb	2	198.4
Dickson	2	69.8
Dyer	5	200.8
Fayette	5	213.9
Fentress	1	86.4
Franklin	1	36.2
Gibson	0	0.0
Giles	1	47.7
Grainger	2	151.4
Greene	3	78.9
Grundy	1	99.8
Hamblen	4	111.9
Hamilton	12	61.6

County	Violent Death	
	Number	Rate*
Hancock	1	211.4
Hardeman	1	57.3
Hardin	3	183.7
Hawkins	2	64.1
Haywood	1	66.7
Henderson	3	189.3
Henry	0	0.0
Hickman	2	160.8
Houston	1	202.4
Humphreys	1	93.4
Jackson	0	0.0
Jefferson	0	0.0
Johnson	0	0.0
Knox	13	50.3
Lake	0	0.0
Lauderdale	1	57.5
Lawrence	3	108.5
Lewis	0	0.0
Lincoln	0	0.0
Loudon	0	0.0
McMinn	5	161.1
McNairy	2	133.6
Macon	2	167.2
Madison	4	63.8
Marion	2	105.5
Marshall	2	111.7
Maury	4	86.3
Meigs	1	155.0
Monroe	2	82.1
Montgomery	7	73.6
Moore	0	0.0
Morgan	0	0.0
Obion	2	90.5

County	Violent Death	
	Number	Rate*
Overton	0	0.0
Perry	2	417.5
Pickett	0	0.0
Polk	2	220.5
Putnam	5	99.8
Rhea	1	49.7
Roane	2	61.6
Robertson	3	86.6
Rutherford	8	59.7
Scott	1	67.3
Sequatchie	1	141.0
Sevier	1	24.6
Shelby	53	81.9
Smith	2	180.8
Stewart	1	135.7
Sullivan	7	75.2
Sumner	10	112.4
Tipton	1	28.2
Trousdale	0	0.0
Unicoi	2	186.9
Union	1	88.5
Van Buren	2	602.4
Warren	3	121.2
Washington	3	43.3
Wayne	1	87.3
Weakley	0	0.0
White	2	141.3
Williamson	4	48.3
Wilson	3	53.0

Tennessee	296	78.7

Source: Office of Health Statistics and Information, Tennessee Department of Health.

* Rate is based on 1997 population (15-19) estimates prepared by the Department of Sociology, University of Tennessee, Knoxville.

Note: The data in this report are for calendar year 1997.

Alcohol and Drug Abuse

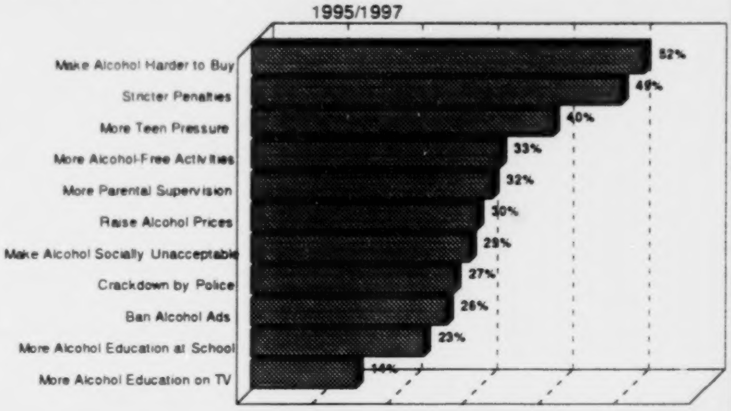
A two-wave study of teens in Tennessee in 1995 and again in 1997 indicated that 69 percent of the sample group (n=102,232) reported using alcohol at some point in their lives. The drugs that followed behind alcohol were cigarettes, with 63 percent reporting use; any illegal drug at 43 percent; and marijuana at 38 percent over a lifetime.

The sample group was composed of ninth through 12th graders in 196 schools in 91 counties throughout the state. The survey was designed to fulfill the mandates for statewide and regional needs assessment for Alcohol, Tobacco, and Other Drugs (ATOD) treatment among 13- to 19-year-olds. In addition, data were collected to identify behavioral risk factors and physical and mental health problems.

The study was developed as a part of a family of studies to provide comprehensive and accurate scientific data on levels and patterns of ATOD use and abuse statewide and by region for use by state and local officials and communities, organizations, and agencies. The regional breakdown of participants indicated that 23 percent of the students were from the four metropolitan counties of Tennessee (as of 1995), while 77 percent were from non-metropolitan counties.

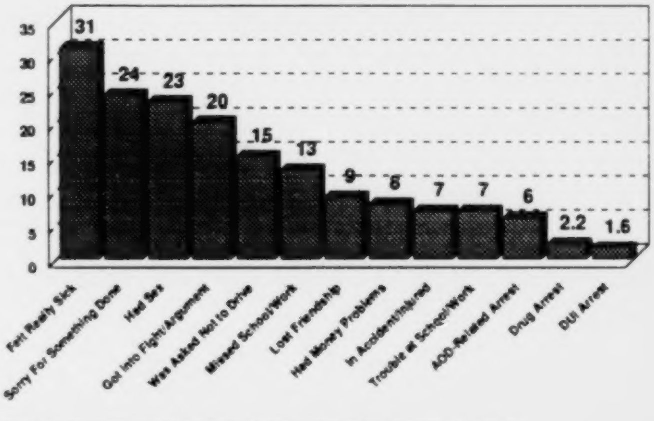
Of particular significance to parents in Tennessee is the widespread consistency of the data across the 12 regions of the state. The data suggests that rural teens are experiencing similar rates of ATOD use as teens in the larger urban areas. The issue of substance use and abuse is becoming a concern for every parent regardless of geographic location.

Relative Ranking of Alcohol Prevention Strategies Deemed Most effective Among High School Students in Tennessee



Source: Tennessee Department of Health and the Community Research Group U.T. Knoxville

Alcohol and Other Drug Life-Related Problems Reported by High School Students in Tennessee, 1995/1997



Source: Tennessee Department of Health and the Community Research Group U.T. Knoxville

Alcohol and Drug Abuse

The progression of substance use to addiction can be translated into dollars spent for addiction treatment and costly offenses that result in incarceration. A recent National Council of Juvenile and Family Court Judges (NCJFCJ) newsletter reported that substance abuse is a contributing factor in 60 to 90 percent of all cases referred to juvenile and family courts.

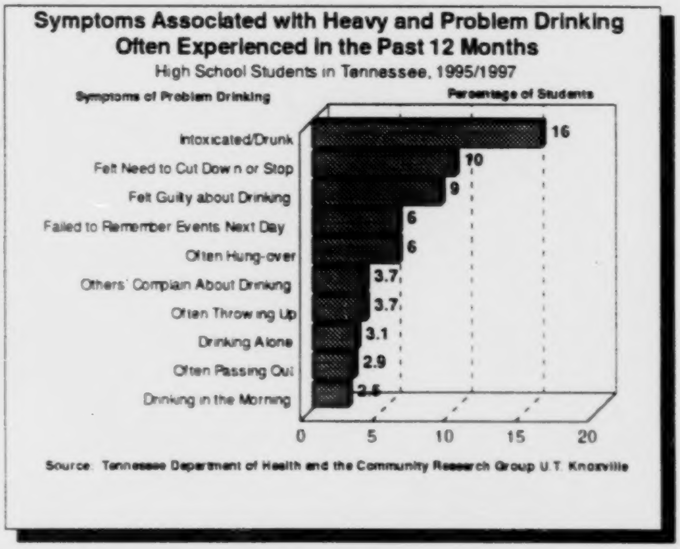
As a result, the National Council is responding with a broad-based substance abuse program focusing on judicial policy and practice. The issues range from judicial leadership for community-based prevention, intervention, and treatment alternatives to perinatal issues affecting mothers and their infants. Judicial education and training for alcohol and other drug abuse responses are offered through curricula, publications, courses, workshops, and conferences nationwide.

Several studies indicate the earlier the onset of substance use the greater the chances that use will continue later in life. In this sense, the onset of use becomes a predictor for later use (Newcomb, Bentler, 1998). Using data from the National Longitudinal Survey of Youth, Windel (1990) found that early adolescent substance use was the most consistent predictor of substance use four years later. Similarly, Farrell, Danish, and Howard, (1992) found significant ties between previous and subsequent substance use in their sample of predominantly urban, African-American teens.

Prevention programs that impact youth at an early age would appear to be the solution. However, the Tennessee ATODA survey challenges the belief that current programs are effective. Sixty-three percent of the students surveyed had seen films or had lectures or discussions related to ATODA education, 32 percent had taken special courses about AOD in school, 27 percent had seen films or had lectures outside of their regular classes, and 28 percent had participated in discussions but had not had classes.

However, when assessing the drug education experience only 15 percent identified the experience as having been "of great value," for 23 percent it was "of considerable value," for more than a third it was of "some value," and for 26 percent it was of "little or no value."

In general almost half of the students reported that it did not change their interest in trying AOD (44 percent), 4 percent of the students reported that the AOD information made them more interested in trying AOD, while 5 percent said they had had no educational courses.



Source: Tennessee Department of Health and the Community Research Group U.T. Knoxville

Sexually Transmitted Diseases

Since 1995 Tennessee has seen a 14.9 percent decrease in sexually transmitted diseases (STDs) for teens ages 15-17 and a 12.9 percent decrease in STDs in the general population. This is good news for Tennessee teens compared to the years of 1994 and 1995, when STDs for teens (ages 15-17) increased by 68.8 percent.

Sexually transmitted diseases are among the most common infectious diseases in the United States today. More that 20 STDs have now been identified, affecting more that 13 million men and women with a conservative cost estimate in excess of $8.4 billion per year.

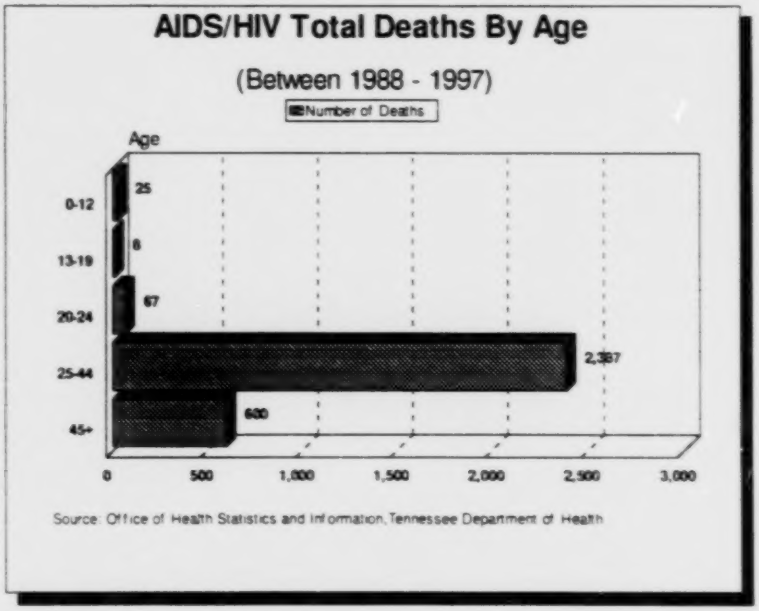
> *Nearly two-thirds of all STDs occur in people younger than 25 years of age.*

Nearly two-thirds of all STDs occur in people younger than 25 years of age. The incidence of STDs is rising due to a trend for young people to marry later and become sexually active earlier. Sexually active teens are more likely to have multiple sexual partners, increasing the risk for STDs (U.S. Public Health Service).

Many STDs initially cause no symptoms, particularly in females, and are easily passed on to sexual partners (U.S. Public Health Service).

Health problems caused by STDs tend to be more severe and more frequent for women than for men, due to females being asymptomatic, allowing the disease to progress before treatment is sought. Females are at greater risk of developing STDs than males because of anatomical differences making many of these diseases more easily transmissible. Young females have a higher risk of cervical infections because the cervix has not completely matured.

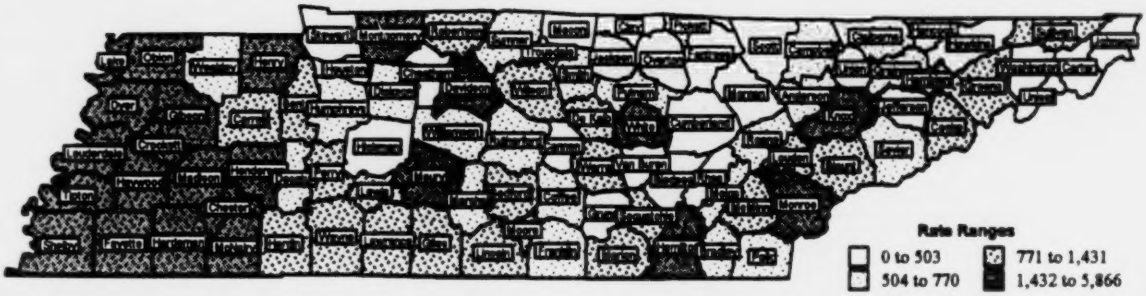
Female teens are confronted with many problems regarding their sexuality that adult women do not face, such as lack of experience in negotiating with their partners about contraceptive use, fear of disclosure, lack of access to a source of appropriate care, and exposure to contradictory messages about contraception and responsible behavior.



Source: Office of Health Statistics and Information, Tennessee Department of Health

Sexually Transmitted Diseases

Sexual Transmitted Disease Rate for Teens 15-17, 1997
Note: This Rate is Per 100,000.



County	STD	
	Number	Rate*
Anderson	21	740
Bedford	11	791
Benton	7	1,135
Bledsoe	2	420
Blount	31	803
Bradley	21	634
Campbell	9	556
Cannon	0	0
Carroll	17	1,420
Carter	2	98
Cheatham	7	494
Chester	12	1,569
Claiborne	9	677
Clay	1	348
Cocke	17	1,335
Coffee	10	524
Crockett	11	1,916
Cumberland	5	311
Davidson	618	2,996
Decatur	3	750
DeKalb	7	1,155
Dickson	11	622
Dyer	37	2,445
Fayette	76	5,234
Fentress	1	142
Franklin	10	599
Gibson	40	2,087
Giles	14	1,091
Grainger	5	627
Greene	23	1,001
Grundy	1	164
Hamblen	31	1,431
Hamilton	254	2,171

County	STD	
	Number	Rate*
Hancock	2	694
Hardeman	63	5,866
Hardin	13	1,303
Hawkins	6	317
Haywood	32	3,478
Henderson	19	1,981
Henry	24	2,118
Hickman	1	131
Houston	1	329
Humphreys	5	758
Jackson	0	0
Jefferson	7	370
Johnson	0	0
Knox	240	1,582
Lake	12	4,858
Lauderdale	47	4,434
Lawrence	19	1,123
Lewis	5	1,152
Lincoln	14	1,115
Loudon	15	1,011
McMinn	20	1,064
McNairy	14	1,528
Macon	0	0
Madison	117	3,109
Marion	10	862
Marshall	6	549
Maury	94	3,313
Meigs	2	514
Monroe	23	1,552
Montgomery	83	1,554
Moore	3	1,351
Morgan	0	0
Obion	26	1,940

County	STD	
	Number	Rate*
Overton	3	385
Perry	3	1,007
Pickett	1	599
Polk	4	730
Putnam	21	734
Rhea	3	247
Roane	11	552
Robertson	18	839
Rutherford	59	752
Scott	1	111
Sequatchie	6	1,389
Sevier	19	770
Shelby	1632	4,185
Smith	4	587
Stewart	1	222
Sullivan	44	780
Sumner	39	713
Tipton	61	2,771
Trousdale	2	725
Unicoi	1	154
Union	1	146
Van Buren	1	503
Warren	15	1,003
Washington	20	494
Wayne	7	1,006
Weakley	11	625
White	13	1,510
Williamson	34	652
Wilson	45	1,274

Tennessee	4,327	1,913

Source: Office of Health Statistics and Information, Tennessee Department of Health.

* Rate is based on 1997 population (15-17) estimates prepared by the Department of Sociology, University of Tennessee, Knoxville.

Note: The data in this report are for calendar year 1997.

Sexually Transmitted Diseases

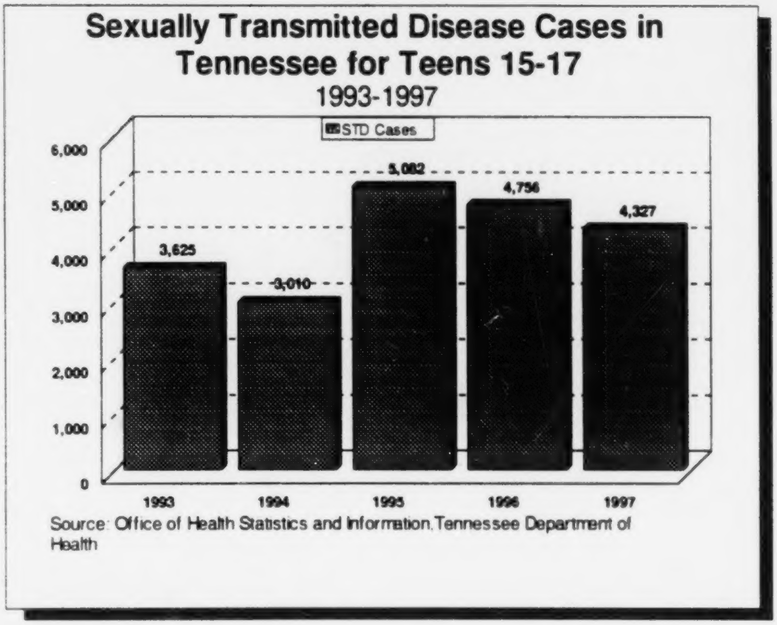
When properly diagnosed and treated early, almost all STDs can be treated effectively. Some organisms, such as certain forms of gonococci, have become resistant to the drugs used to treat them and now require newer types of antibiotics. The most serious STD for which no cure now exists is Acquired Immune Deficiency Syndrome (AIDS), a fatal viral infection of the immune system. Experts believe that having STDs other than AIDS increases one's risk for becoming infected with the AIDS virus (Centers for Disease Control and Prevention).

A recent report from the Centers for Disease Control and Prevention (CDC) included Nashville as one of 15 cities nationally where both syphilis and gonorrhea infections are still widespread. The AIDS epidemic has made the battle against STDs, and syphilis in particular, a priority. The open sores of a syphilis infection can increase the spread of the HIV virus, which increases the risk of AIDS cases and resulting deaths.

In Tennessee, the percentage of deaths related to AIDS has declined by 46 percent from 1995 to 1997. The trend in declining STD rates and AIDS deaths represents a change in teen attitudes and responsibility, possibly attributable to better education and to programs supporting awareness.

In Tennessee, between the years of 1988 and 1997, 25 deaths resulted from AIDS in children ages 0-12 and eight deaths in teens ages 13-19. Adult deaths attributable to AIDS during the same period included 67 deaths that occurred in the 20-24 age group and 2,387 deaths in the 25-44 age group.

These numbers become important when considering the long incubation period of the HIV virus and the ages at which teens become sexually active. The life span of a teen infected with the HIV virus could extend into the 25- to 44-year-old age group, explaining the high number of deaths. In this context, it becomes important for all families and communities to have prevention programs available to assist in educating teens about the risk of HIV infection.


Sexually Transmitted Disease Cases in Tennessee for Teens 15-17
1993-1997

Source: Office of Health Statistics and Information, Tennessee Department of Health

the status of education for Tennessee's children

Child Care/Head Start

Child care continues to be an area of major need for children and families in Tennessee. As of 1995, 65 percent of children under the age of 6 had working parents; 57 percent of the children between the ages of 6 to 12 living with working parents. Current data indicate that, between the years of 1985 and 1995, 27 percent of the families in Tennessee were headed by a single parent, compared to 18 percent nationally.

A governor's task force assigned to evaluate the child-care needs of the families of Tennessee identified these areas of concern for children and families.

- ✓ Parents today are increasingly concerned about the safety and the quality of their children's early education.
- ✓ Limited care is available for children under the age of three.
- ✓ Child care is virtually non-existent for children in families where the parents work second shift, weekends, or part time.
- ✓ The school day does not correspond in a realistic way with the work schedules of parents, leaving thousands of children alone and unsupervised when school is not in session.
- ✓ The supply of child care does not equal the demand for child care.

As of July 1998, 254,376 child-care slots were available in a total of 5,869 facilities/homes throughout the state. These numbers include:

- ✓ Child-care centers.
- ✓ Group child-care homes.
- ✓ Family child-care homes.
- ✓ Registered family homes.

Two additional categories that are not reflected in these numbers represent another portion of care for our children.

- ✓ Unregulated home care
- ✓ In-home care.

The average cost of quality (accredited) child care ranges from $70 a week for a 4-year-old, to $150 a week for infant care. The 1996 median family income for a family of three in Tennessee is $32,260. After providing for housing, transportation, food, and clothing, there is little, if any money available to pay for child care, even if child care is a valued priority.

The dilemma is clear. A young welfare parent trying to enter the work force in a job paying minimum wage or only slightly more earns an annual income of $8,772 for a family of three. This parent's child care problems are similar to what countless other young Tennessee families face (Governor's Task Force on Child Care).

Child Care/Head Start

Regulated Child Care Agencies and Spaces, July 1, 1998

County	Child Care	
	Agencies	Spaces
Anderson	69	3,494
Bedford	55	1,539
Benton	25	475
Bledsoe	10	281
Blount	69	4,137
Bradley	87	2,855
Campbell	24	699
Cannon	24	224
Carroll	41	980
Carter	51	1,905
Cheatham	37	2,085
Chester	16	259
Claiborne	32	639
Clay	10	480
Cocke	26	655
Coffee	81	2,744
Crockett	18	451
Cumberland	44	1,331
Davidson	626	34,112
Decatur	10	1,061
DeKalb	32	363
Dickson	29	1,733
Dyer	57	1,575
Fayette	16	494
Fentress	28	432
Franklin	71	968
Gibson	98	2,132
Giles	41	656
Grainger	9	197
Greene	43	1,637
Grundy	18	243
Hamblen	64	2,067
Hamilton	383	19,883
Hancock	8	138
Hardeman	43	646
Hardin	24	266
Hawkins	40	914
Haywood	34	621
Henderson	32	941
Henry	73	1,201
Hickman	17	481
Houston	4	107
Humphreys	13	734
Jackson	13	353
Jefferson	23	710
Johnson	11	326
Knox	419	20,595
Lake	8	86

County	Child Care	
	Agencies	Spaces
Lauderdale	27	718
Lawrence	30	1,072
Lewis	13	149
Lincoln	45	934
Loudon	25	1,234
McMinn	38	1,293
McNairy	26	454
Macon	21	338
Madison	125	4,912
Marion	29	644
Marshall	20	524
Maury	83	2,694
Meigs	7	86
Monroe	19	427
Montgomery	137	5,977
Moore	6	112
Morgan	10	188
Obion	37	921
Overton	33	534
Perry	11	220
Pickett	11	73
Polk	11	179
Putnam	74	2,968
Rhea	25	611
Roane	29	1,126
Robertson	33	1,580
Rutherford	135	8,689
Scott	15	279
Sequatchie	17	369
Sevier	50	1,952
Shelby	935	58,530
Smith	26	498
Stewart	9	197
Sullivan	145	5,455
Sumner	101	5,617
Tipton	45	1,456
Trousdale	11	267
Unicoi	16	361
Union	10	203
Van Buren	4	75
Warren	72	1,770
Washington	90	4,565
Wayne	14	230
Weakley	56	1,217
White	32	596
Williamson	79	6,017
Wilson	76	5,160
Tennessee	5,869	254,376

Source: Child Care Resource & Referral Child Care Services,Tennessee Department of Human Service

Note: The data in this report are for July 1,1998.

Child Care/Head Start

Early Childhood Development

Birth through age 8 is a critical period in the lives of children. An emerging body of evidence clearly indicates that a child's early years are the most critical in terms of brain development. Children's brains show almost twice the activity of an adult brain until about the age of 10. Therefore, quality early education opportunities for young children are essential and need to be available to children in all of their environments, including child care outside of the home (Reed, S.,1998).

Child Care Ratios Worker/Child

Comparison of Current State Standards/U.S. Recommended Ratios/TN Proposed/Withdrawn Standards

Age Group	TN Worker to Child	U.S. Recommended Ratios	TN Proposed/Withdrawn Standards
Infant	1 Worker/5 Infants	*1 Worker/3 infants, 0-24mo.	1 Worker/4 infants(group size no larger than 8)
Toddler	1 Worker/7 Toddlers	*1 Worker/4 Toddlers, 25-30mo.	1 Worker/6 Toddlers (group no larger than 12)
Two-Year-Olds	1 Worker/8 Children	*1 Worker/5 Children, 31-35 Months	1 worker/7 Children (group no larger than 14)
Three-Year-Olds	1 Worker/10 Children	*1 Worker/7 Children	1 Worker/9 Children (group no larger than 18)
Four-Year-Olds	1Worker/15 Children	*1 Worker/8 Children	1 Worker/15/ Children(group no larger than 24)
Five-Year-Olds	1 Worker/20 Children	*1 Worker/8 Children	1 Worker/16 Children (group no larger than 24)
Six-Year-Olds	1 Worker/25 Children	*1 Worker/8 Children	NA

*Developed by; American Public Health Association and American Academy of Pediatrics

Further studies indicate that the quality of child care is important because it is closely linked with children's social, cognitive, and language development. Children in high quality early childhood programs are more likely to be emotionally secure and self-confident, proficient in language use, able to regulate impulsive and aggressive inclinations, and advanced in cognitive development. Over time, these children may experience enhanced school achievement, higher earnings, and decreased involvement with the criminal justice system.

In contrast, children who experience poor-quality child care are at risk for poor long-term developmental outcomes, including apathy, poor school skills, and heightened aggression (Helburn, S.W., Howes,C., 1996).

A recent Carnegie Corporation study noted that the first three years of life are critical in the brain development of children and that brain development is far more susceptible to adverse effects than had been earlier realized. Specifically, "the quality of young children's environment and social experience has a decisive, long-lasting impact on their well-being and ability to learn."

What is Quality Care?

- ✓ A safe and healthy environment.
- ✓ Caregivers who are nurturing and knowledgeable about children's development and

represent a stable presence in children's lives.

✓ Small ratios of children to caregivers.

✓ Care that affirms the child's racial, ethnic, linguistic, and cultural identity and background.

Because of continuing concerns about health and safety issues, especially injuries and infections occurring in out-of-home child-care settings, the American Public Health Association (APHA) and the American Academy of Pediatrics (AAP) have developed a set of standards. The standards address the safety and well-being of children related to mental health and child development. Low infant-to-staff ratios for implementation of developmentally appropriate practices and the need for infants to have a consistent nurturing caregiver rank as priorities for appropriate out-of-home care.

The child-to-staff ratio affects the quality of care a child-care provider can give to each child. Having a smaller number of infants/toddlers/children for each adult to take care of has been associated with:

✓ Children imitating earlier, and more often than usual, the speech and gestures of others.

✓ Providers having more time to give the best care to children.

✓ Children talking and playing more often.

✓ Children being in distress less often.

✓ Children being less exposed to danger.

Head Start In Tennessee

The Head Start program is administered by the Head Start Bureau, in the Administration on Children, Youth and Families (ACYF), the Department of Health and Human Services (DHHS). Grants are awarded by the DHHS Regional Offices and the Head Start Bureau's American Indian and Migrant Program branches. Grants are awarded to local public agencies, private non-profit organizations, and school systems for the purpose of operating Head Start programs at the community level.

Head Start Programs in Tennessee have led the way for setting high standards for children in an early childhood learning experience through:

✓ Having 90 percent of their teachers with degrees in early childhood education or having the Child Development Associate (CDA) credential or a state certificate to teach in a pre-school setting.

✓ Establishing home-based schooling programs in seven regions serving 536 children.

✓ Employing parents of former Head Start students.

✓ Providing an early socialization/education experience for a total of 10,341 children per year.

✓ Providing an early education experience for children of low income families who otherwise would not receive this service.

Child Care/Head Start

Early Head Start

In 1998, several existing Head Start Programs in Tennessee received grant money to provide a new program called the "Early Head Start Program" designed for low-income families with infants and toddlers. The Early Head Start Program will provide care for 221 infants and toddlers in four regions in Tennessee including:

- ✓ Hamilton County (Chattanooga area): 50 children.
- ✓ Northwest Tennessee: 16 counties, 75 children.
- ✓ Mid-Cumberland Region: eight counties, 60 children.
- ✓ Mid-East Region: two counties, 36 children.

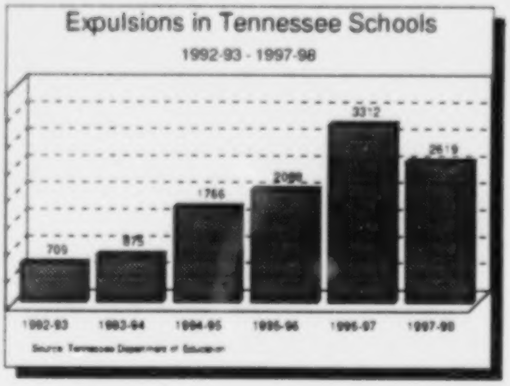
The Community-Based Early Head Start programs are founded on nine principles:

1. High Quality. A commitment to developing policies and practices that are founded in the knowledge, skills, and professional ethics embraced by the fields of child development.
2. Prevention and Promotion. The proactive promotion of healthy child development and family functioning, with emphasis on detecting developmental concerns at the earliest possible time.
3. Positive Relationships and Continuity. The idea that strong positive relationships that continue over time are key elements in a high quality program. Also that the relationship between staff and family is based on respect for the child and the family's home culture.
4. Parent Involvement. The Early Head Start initiative supports the highest level of parental involvement and partnership. Programs recognize the parent as the child's primary nurturer and advocate.
5. Inclusion. Programs welcome children with disabilities, putting emphasis on their individual strengths.
6. Culture. Programs explore the role of culture and language in child and family development and community values and attitudes.
7. Comprehensiveness, Flexibility, Responsiveness, and Intensity. Founded in the belief that families are able to identify their own needs and strengths and set their own goals and are capable of growth.
8. Transitions. Committed to facilitating a smooth transition from Early Head Start into Head Start or other high quality programs and support services.
9. Collaboration. Collaboration with local community agencies and service providers to maximize the resources available for families.

Head Start continues to be a leader in quality pre-school development for low-income families in Tennessee.

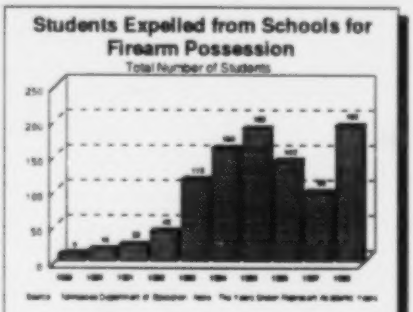
School Safety

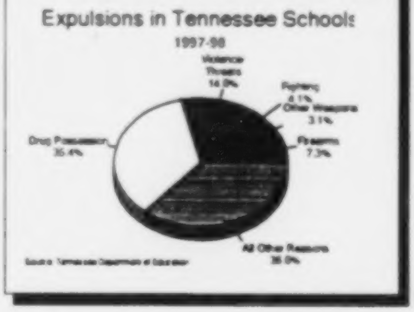
The 1997-98 school year in Tennessee was marred in May by a fatal shooting in the parking lot of Lincoln County High School, which, along with several multiple shootings in schools across the nation, raised concerns about the safety of children in schools. However, schools are safer than the community, according to the *Annual Report on School Safety, 1998*. Only 7.1 percent of Tennessee students responding to the 1997 Youth Risk Behavior Surveillance survey reported being threatened or injured by a weapon on school property. This figure was slightly lower than the national percentage of 7.4.



Schools across the country have instituted school safety strategies, including expelling students whose conduct makes them a risk to other students, restricting access to outsiders, placing school resource or law enforcement officers in the schools, and reducing the potential for conflict and violence.

In 1995, the state legislature instituted a "zero tolerance" policy for state schools. Schools are required to expel for one calendar year any student who brings a weapon to school. Students will also be expelled for illegally possessing narcotic or stimulant drugs and committing battery on a teacher. State law gives schools the right to search students or their possessions on school property.





Last year, 126,813 Tennessee students were suspended, and 2,619 expelled. Expulsions decreased by 21 percent from the previous year, reversing a 10-year trend. Fourteen percent of expulsions were for violence or threatened violence; 7.3 percent were for firearms, and 3.1 percent for other weapons. More than a third of expulsions were for possession or use of drugs.

Local school systems determine the punishment for students whose troublesome behavior is not covered under the zero tolerance laws. Local systems also use their own definitions to differentiate between suspension (temporary removal of a student from attending a school or activity) and expulsion (removal of students from the school's membership or enrollment lists).

Some experts point out that expulsion further isolates already disturbed students, and the Tennessee School Boards Association's legislative agenda requests adequate funding for alternative schools for suspended and expelled students. The association has asked the legislature for more clarity in defining zero-tolerance offenses. In January 1999, a U.S. District Court judge ruled that the expulsion of a Knox County student whose friend had left a knife in his car was unfair. The ruling focused on the effectiveness of the school's appeal process and the student's intent in the matter.

Education

The Tennessee Department of Education issued its seventh annual Report Card on the state of education in Tennessee in November 1998. The report identified areas of improvement since major legislation was passed in 1992 and included details for each system across the state.

Public Education in Tennessee

Number of Local School Systems		138
Number of Schools		1,575
Number of Students		890,805
Professional Personnel		61,653
Students:	White	75%
	African-American	19%
	Other	2%
Percent in Special Education		19%
Title I Compensatory Education		22%
Limited English Proficiency		1% (8,484)

System Improvements

Tennessee schools have made progress, according to the report. The percentage of Tennessee's schools accredited by the Southern Association of Colleges and Universities in 1997-98 has increased. Sixty-four percent of Tennessee secondary schools and 60.3 percent of elementary schools were accredited, up from 39.8 and 48.5, respectively, in 1991-92.

The Education Improvement Act calls for class sizes to be reduced by the 2001-02 school year. In 1997-98, 56.3 percent of public schools had already achieved the lower class sizes, and only 1.5 percent of classes required waivers for exceeding class-size limits. The number of waivers requested to allow professionals to teach subjects for which they were not trained fell 16 percent, to 422 in 1997-98 from 501 in 1996-97. However, the number of people teaching without a license increased 22 percent to 701 in 1997-98 from 573 in 1996-97 and has more than doubled from 327 in 1994-95. Average class-size goals are 20 students per teacher for kindergarten to grade four, 25 for grades four to six, and 30 for secondary schools. Nationally, in the 1993-94 school year, full-time public school teachers' classes had an average of 23.5 students per class. The average for elementary schools was 23.2 students and for secondary schools, 23.8 students (*The Condition of Education, 1998*).

Expenditures per student nearly doubled from those of six years ago, increasing to $4,391 in 1997-98 from $2,972 in 1991-92. However, Tennessee's average expenditures lag behind national averages. In the 1994-95 school year, public schools spent $7,163 per pupil (in 1997 constant dollars), according to the U.S. Department of Education (*The Condition of Education, 1998*). According to the state report, spending for regular instruction increased nearly 49 percent; for special education, 53 percent; and for vocational education, 23 percent. Local expenditures made up an average of 41.8 percent of governmental funding for school expenditures statewide.

State funding for education has increased more than a billion dollars since the 1991-92 school year, increasing by more than 98 percent to $2.3 billion in 1997-98 from $1.2 billion in 1991-92. Increases in funding have been matched with an increased pressure for schools to show progress.

Education

Performance Testing

Tennessee's testing program is considered one of the most extensive in the country, according to Education Week, which released a rating of state education accountability efforts in January 1999.

Tennessee high school seniors are required to take an exit exam, choosing from the standardized ACT, SAT, or Work Keys tests before graduating. The ACT and SAT are college placement tests. Work Keys measures workplace skills. Seventy-seven percent of the state's graduates take the ACT test. Most of the students taking the SAT test performed in the top 10 percent of their classes and outscored the national average by 31 points on the verbal and 14 points on the mathematics section.

In addition to the exit exams, students' educational progress is monitored through a number of tests. The Tennessee Comprehensive Assessment Program (TCAP) test evaluates students in grades three through eight in reading, language, mathematics, science, and social studies. The Tennessee Writing Assessment is made of students in the fourth, seventh, eighth, and 11th grades.

Tennessee attempts to monitor school and school system effects on student performance through the value-added assessment system, which compares scores in reading, language arts, and science. Beginning in 1995-96, high school math subjects were added to the value-added testing.

National Assessment of Educational Progress. The federal government also assesses educational performance through the National Assessment of Educational Progress, a Congressionally mandated program. This assessment found that the state's fourth graders' average 1996 math scores (219) were not significantly different from the national average (222) and had improved from 1992 scores. However, the scores of eighth graders were below the national average but had increased more than the national scores. The science scores of Tennessee eighth graders (143) ranked below the national average (148); however, Tennessee's life science scores did not differ significantly from national averages.

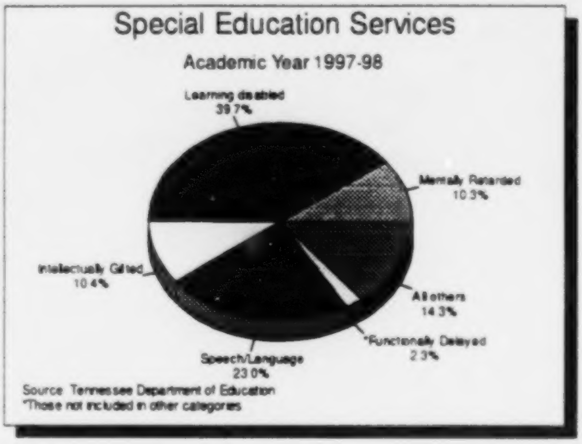
While the attendance rate for secondary schools in Tennessee has remained at 92 percent since 1991-92, 43 percent of eighth graders surveyed in 1996 by the NAEP said absenteeism was a moderate to serious problem in their schools.

The NAEP assessment included a look at community issues affecting education. School principals were questioned about parental involvement in their schools. Ninety-four percent of eighth graders attended schools at which the principals reported parental support as very positive or somewhat positive. More than one-third of Tennessee students said they discussed schoolwork at home every day, and another 30 percent said they did so several times a week. Forty-three percent of students said they had not changed schools except for promotions to a higher grade, and 20 percent of students had moved only once.

Special Education

More than 18 percent of Tennessee's students (178,480) were classified in the 1997-98 Education Report Card as receiving special education services.

This percent appears higher than national figures because Tennessee's definition of special education services differs from the federal definition. Tennessee's count includes children ages 3 to 5 who would not be a part of the school population if they did not have a disability. The state also includes gifted students, children in private schools, and an additional category of disability, other functionally delayed, within the category special education. This covers children whose cognitive development is seriously delayed but who have developed appropriate adaptive behaviors, who are "street smart," according to Gloria Matta of the Tennessee Department of Education (TDOE).


Special Education Services

Academic Year 1997-98

Source: Tennessee Department of Education
*Those not included in other categories

In 1996, 12 percent of all students enrolled in U.S. public schools received special education services, up from 8 percent of all students in 1977, according to *The Condition of Education, 1998*. The rise was in part attributed to a 300 percent increase in the number of children with learning disabilities.

While the average per-pupil expenditures for instruction in 1997-98 have increased by nearly 49 percent from 1991-92, according to TDOE, special education expenditures increased by 53 percent. Costs for special education are on average 2.3 times higher per pupil (Jost, 1993).

Federal legislation requires disabled students to be educated in the least restrictive environment possible. Nationally, the trend has been to move students with disabilities into regular classrooms or into rooms within regular schools. In 1995, 73 percent of U.S. special education students were served in classrooms with other students; 23 percent were served in separate classrooms in regular schools. Supporters say this better prepares students to work together as adults and helps disabled people participate more within their communities.

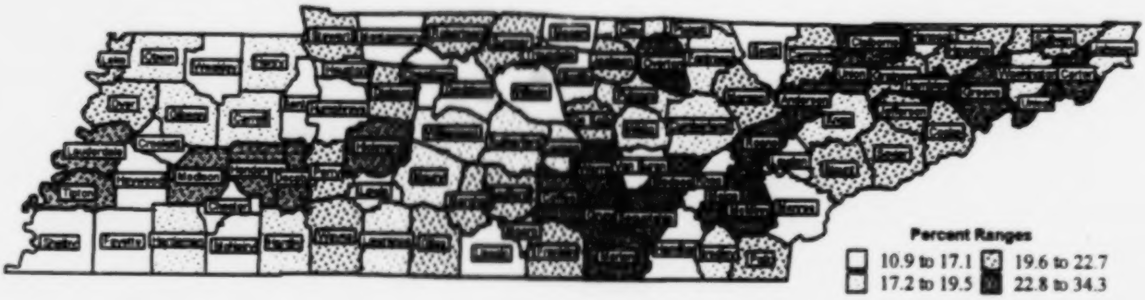
Children from poor families receive special education services at nearly twice the rate of those who are not poor, according to statistics published by the U.S. Department of Education (DOE).

The poverty rate for people unable to work because of disability (30.2 percent) is nine times that of full-time workers without disabilities (3.3 percent). The rate of participation in the workforce by people with disabilities increased during the 1980s but has leveled off since 1990, according to DOE statistics.

Special education students had a higher dropout rate (38 percent) than other students, according to information in the National Longitudinal Transition Study of Special Education Students. However, 65 percent of disabled high school graduates were employed, compared to 47 percent of disabled dropouts

Special Education

Percent of Students Receiving Special Education, 1997-1998



County	Special Education	
	Number*	Percent**
Anderson	3,458	25.9
Bedford	1,275	20.1
Benton	468	16.5
Bledsoe	496	24.8
Blount	3,349	19.9
Bradley	2,843	19.5
Campbell	1,399	20.6
Cannon	410	18.8
Carroll	1,067	19.1
Carter	2,087	23.1
Cheatham	1,057	15.4
Chester	382	14.8
Claiborne	1,169	22.9
Clay	251	19.0
Cocke	1,258	21.8
Coffee	2,120	22.9
Crockett	472	16.6
Cumberland	1,258	17.7
Davidson	11,673	14.3
Decatur	471	25.1
DeKalb	586	20.1
Dickson	1,686	20.3
Dyer	1,513	20.8
Fayette	750	17.1
Fentress	451	18.5
Franklin	1,347	21.1
Gibson	1,699	18.5
Giles	1,083	21.0
Grainger	737	22.3
Greene	2,392	24.5
Grundy	855	34.3
Hamblen	2,313	23.8
Hamilton	8,533	17.1

County	Special Education	
	Number*	Percent**
Hancock	238	18.9
Hardeman	947	19.1
Hardin	741	17.4
Hawkins	1,742	21.8
Haywood	595	14.7
Henderson	1,045	23.1
Henry	901	17.2
Hickman	857	22.9
Houston	256	17.0
Humphreys	555	17.0
Jackson	352	21.4
Jefferson	1,341	20.3
Johnson	469	18.3
Knox	10,506	18.3
Lake	239	21.9
Lauderdale	1,229	23.1
Lawrence	1,363	19.0
Lewis	333	16.3
Lincoln	913	16.9
Loudon	1,128	16.4
McMinn	2,086	24.4
McNairy	680	15.6
Macon	566	15.6
Madison	3,709	25.4
Marion	1,281	24.5
Marshall	1,051	21.0
Maury	2,441	18.7
Meigs	430	24.0
Monroe	728	10.9
Montgomery	3,770	14.4
Moore	132	11.5
Morgan	692	20.0
Obion	1,071	18.1

County	Special Education	
	Number*	Percent**
Overton	819	25.5
Perry	260	20.2
Pickett	155	18.8
Polk	517	20.9
Putnam	1,978	19.0
Rhea	644	12.8
Roane	1,842	23.0
Robertson	2,374	22.7
Rutherford	5,322	17.4
Scott	650	15.3
Sequatchie	608	32.3
Sevier	2,480	20.1
Shelby	25,636	14.4
Smith	525	16.4
Stewart	441	21.0
Sullivan	5,851	22.7
Sumner	5,538	22.0
Tipton	2,643	24.3
Trousdale	232	17.5
Unicoi	811	28.6
Union	847	26.8
Van Buren	139	16.7
Warren	1,529	22.9
Washington	2,894	18.8
Wayne	621	21.5
Weakley	813	14.9
White	776	19.4
Williamson	3,947	17.2
Wilson	2,293	15.2

Tennessee	178,480	18.2

Source: Tennessee Department of Education.

*Includes gifted students.

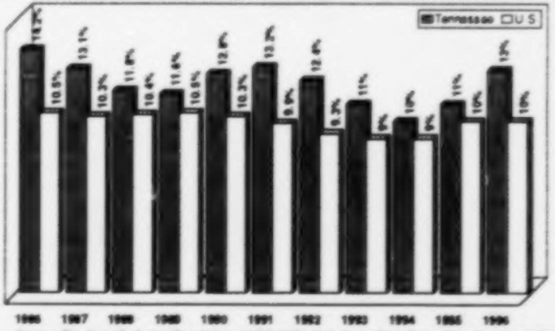
**Rate is based on net enrollment.

Note: The data in this report are for calendar school year 1997-1998.

High School Dropouts

Percent of Teens Aged 16-19 Who Are High School Dropouts

Ten-Year (Academic Years) Comparison Between Tennessee and U.S. Average



Source: The Annie E. Casey Foundation. (1989-1998). Kids Count Data Book: State Profiles of Child Well-Being. Baltimore: The Annie E. Casey Foundation. The figures shown here represent three-year averages of cohort rate.

The 1996-97 Tennessee one-year school dropout rate for grades 9 through 12 was 4.5 percent, according to the 1998 Education Report Card released by the Tennessee Department of Education. However, the four-year cohort rate, the percentage of students who completed the eighth grade but dropped out before graduating, was 15.2 percent.

Nationally, 5 percent of students in grades 10 through 12 in October 1995 were not in school and had not graduated by the following October, according to the U.S. Department of Education (*The Condition of Education, 1998*).

The median earnings of those who drop out of school are significantly lower. In 1996, males ages 25 to 34 who had not finished high school earned 31 percent less than graduates, and female dropouts, 36 percent less. The dropouts were also three times as likely as high school graduates to receive welfare or public assistance (*The Condition of Education, 1998*).

The effect of school dropout is seen in studies of welfare reform and employment. Earnings of welfare recipients involved in welfare-to-work programs are higher by between 19 and 29 percent for those who had a high school diploma at the start of the programs than those who did not, according to a review of welfare reform research by the Center on Budget and Policy Priorities.

The U.S. Bureau of Labor Statistics predicts that during the next six years jobs requiring associate degrees or more will increase at a faster rate than those requiring less education. The highest rates of growth are expected in professional specialty and technical jobs.

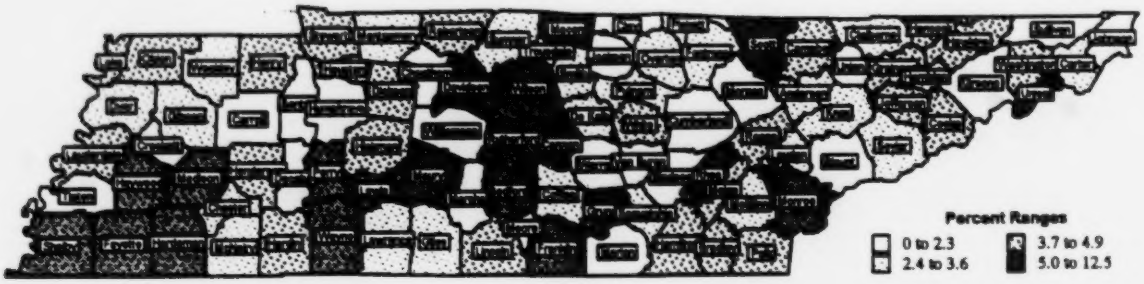
School dropout effects are not solely economic. Much of the work of a community is done by its citizens. Educational level is positively related to civic participation (*The Condition of Education, 1998*). Membership in organizations, participation in community service activities, and voting and other political activities all rise with educational level.

Parents' choices affect their children's futures. Children whose parents dropped out of school are twice as likely to drop out as children whose parents have some college (*The Condition of Education, 1998*). National surveys, taken from 1972 to 1996, show that children from families with low incomes have been consistently more likely to drop out of school than those from middle and high incomes, according to the report.

Tennessee has an Adult High School program to assist dropouts. The Adult High Schools served 4,035 in FY 1997-98 and issued diplomas to 948 Tennesseans.

High School Dropouts

Percent of High School (Grades 9-12) Dropouts, 1997-1998



County	Dropouts	
	Number	Percent*
Anderson	107	2.8
Bedford	90	5.0
Benton	10	1.2
Bledsoe	9	1.6
Blount	84	1.7
Bradley	199	4.8
Campbell	95	4.6
Cannon	33	5.1
Carroll	38	2.2
Carter	84	3.2
Cheatham	28	1.4
Chester	21	2.6
Claiborne	36	2.7
Clay	0	0.0
Cocke	69	4.3
Coffee	88	3.1
Crockett	9	1.2
Cumberland	46	2.3
Davidson	1,252	5.9
Decatur	7	1.2
DeKalb	29	3.2
Dickson	114	4.9
Dyer	51	2.6
Fayette	104	8.8
Fentress	8	2.9
Franklin	113	6.1
Gibson	96	3.6
Giles	56	3.6
Grainger	38	3.9
Greene	58	2.0
Grundy	104	12.5
Hamblen	78	2.9
Hamilton	644	4.8
Hancock	16	4.2
Hardeman	80	5.8
Hardin	45	3.8
Hawkins	93	4.0
Haywood	84	7.3
Henderson	66	4.9
Henry	59	3.8
Hickman	41	4.2
Houston	20	4.9
Humphreys	23	2.3
Jackson	6	1.3
Jefferson	68	3.7
Johnson	4	0.6
Knox	452	2.7
Lake	13	4.3
Lauderdale	72	4.9
Lawrence	61	2.9
Lewis	30	5.0
Lincoln	72	4.8
Loudon	67	3.3
McMinn	82	3.2
McNairy	31	2.4
Macon	58	5.8
Madison	214	5.1
Marion	26	1.7
Marshall	32	2.1
Maury	262	6.7
Meigs	23	4.0
Monroe	110	5.5
Montgomery	171	2.5
Moore	5	1.5
Morgan	20	1.9
Obion	85	4.9
Overton	32	3.6
Perry	22	5.6
Pickett	1	0.4
Polk	30	4.3
Putnam	76	2.6
Rhea	73	5.2
Roane	96	3.7
Robertson	104	4.0
Rutherford	528	6.2
Scott	84	6.6
Sequatchie	17	2.9
Sevier	83	2.4
Shelby	3,299	7.1
Smith	33	3.4
Stewart	24	4.0
Sullivan	177	2.3
Sumner	229	2.9
Tipton	68	2.2
Trousdale	14	3.6
Unicoi	65	7.3
Union	15	1.6
Van Buren	4	1.6
Warren	35	1.8
Washington	185	3.9
Wayne	43	5.0
Weakley	46	2.8
White	47	4.1
Williamson	144	2.3
Wilson	247	5.7

Tennessee	12,110	4.4

Source: 1997-1998 Annual Report of Dropouts, Tennessee Department of Education.

* Rate is Event Dropout Rate and based on net enrollment.

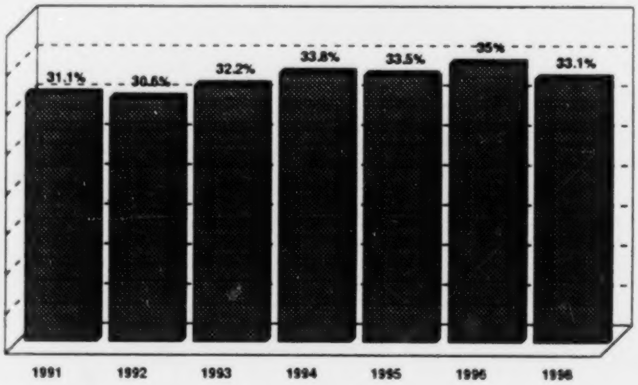
Note: The data in this report are for school year 1997-1998.

School Nutrition

The state's education system serves as a lifeline for some children, those living in the estimated 13.9 percent of Tennessee households whose members are hungry or at risk of being hungry. Most Tennessee school systems provide school lunches to all students, and many schools provide school breakfasts. Children from low-income families are eligible for free or reduced-price lunches and breakfasts.

Percentage of Children Participating in the National School Lunch Program

Chart Reflects Academic Years



Source: Tennessee Department of Education. Note: 1997 Figure not shown

During the 1997-98 school year 33.1 percent of the state's students (275,651) received free or reduced-price lunches. However, 41.9 percent of the state's students were eligible for the program. Five Tennessee counties had 60 percent or more of their students participating in the program. An additional 10 counties had participation rates of more than 50 percent but less than 60 percent.

Participation in the program has been used as a measure of the extent of poverty within a system and as part of the Tennessee's Basic Education Program funding formula. Eligibility for free or reduced-price meals is based on federal poverty guidelines. Families whose household incomes are at or below 185 percent of the poverty guideline for their household size are eligible for reduced-price lunches. To receive lunches free, families must have incomes at or below 130 percent of the poverty guideline. In 1997-98, families of four with incomes of $29,693 or less were eligible for reduced-price lunches. Four-member families with incomes at or below $20,865 were eligible for free lunches.

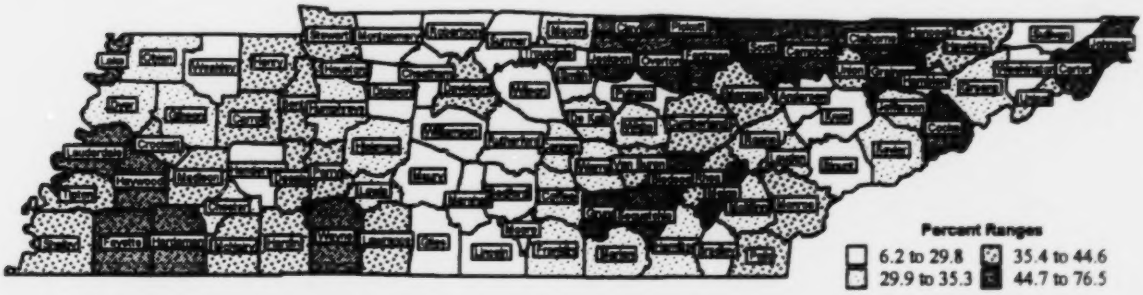
Schools are reimbursed by the U.S. Department of Agriculture for costs related to the meals. During 1997-98, Tennessee school systems with less than 60 percent participation in the free and reduced-price lunch program were reimbursed $0.18 for each paid lunch, $1.49 for each reduced-price lunch, and $1.89 for each free lunch.

Nationally, the School Lunch Program, which began in 1945, provided 24 million lunches at a cost of more than $4 billion dollars in 1996. The goal of the legislation creating the program was to prevent the nutritional deficiencies found in many World War II recruits by providing at least one healthy meal each school day.

Recent studies show that the program is doing its job. Research has linked inadequate food intake to behavioral and cognitive delays, according to a Tufts University School of Nutrition Science and Policy research review. Tufts researchers found that:

School Nutrition

Percent of Students Participating in School Lunch Programs Who Received Lunch at Free or Reduced Prices, 1997-1998



County	Lunch* Number**	Lunch* Percent***
Anderson	3,477	28.9
Bedford	1,502	27.1
Benton	1,086	44.6
Bledsoe	779	50.0
Blount	3,834	25.3
Bradley	3,578	28.6
Campbell	3,211	54.1
Cannon	629	33.0
Carroll	1,856	37.0
Carter	3,661	45.9
Cheatham	1,274	20.5
Chester	769	33.2
Claiborne	2,520	57.7
Clay	710	59.1
Cocke	2,517	50.1
Coffee	2,461	29.9
Crockett	996	39.9
Cumberland	2,651	43.0
Davidson	23,141	35.4
Decatur	647	37.2
DeKalb	839	33.4
Dickson	2,189	29.5
Dyer	2,168	33.5
Fayette	2,813	76.5
Fentress	1,274	57.5
Franklin	1,778	31.4
Gibson	2,913	35.3
Giles	1,309	28.7
Grainger	1,323	46.1
Greene	2,967	33.5
Grundy	997	44.8
Hamblen	2,840	32.8
Hamilton	12,443	32.4
Hancock	659	61.0
Hardeman	2,662	60.3
Hardin	1,547	41.2
Hawkins	2,703	38.4
Haywood	2,624	73.5
Henderson	1,108	27.1
Henry	1,656	36.3
Hickman	1,147	34.6
Houston	531	41.1
Humphreys	977	33.0
Jackson	797	53.0
Jefferson	1,868	31.5
Johnson	1,305	59.3
Knox	11,847	24.2
Lake	540	59.4
Lauderdale	2,622	57.5
Lawrence	2,313	35.8
Lewis	636	34.9
Lincoln	1,484	29.7
Loudon	1,976	32.3
McMinn	2,357	31.6
McNairy	1,448	37.6
Macon	1,037	31.9
Madison	5,766	44.1
Marion	1,432	33.7
Marshall	1,116	24.7
Maury	3,050	27.7
Meigs	758	47.1
Monroe	2,513	42.9
Montgomery	4,681	21.8
Moore	223	23.7
Morgan	1,366	43.7
Obion	1,772	33.5
Overton	1,308	45.0
Perry	440	38.9
Pickett	405	53.8
Polk	820	37.9
Putnam	2,371	26.4
Rhea	1,570	37.0
Roane	2,378	33.9
Robertson	2,111	22.9
Rutherford	5,053	18.3
Scott	2,414	63.5
Sequatchie	751	45.2
Sevier	3,431	32.0
Shelby	56,382	39.1
Smith	879	29.8
Stewart	708	37.5
Sullivan	6,504	29.6
Sumner	3,666	17.7
Tipton	3,538	36.2
Trousdale	347	29.9
Unicoi	850	35.4
Union	1,206	43.8
Van Buren	301	40.2
Warren	1,813	30.5
Washington	3,821	26.9
Wayne	1,142	45.2
Weakley	1,342	27.3
White	1,280	35.0
Williamson	1,240	6.2
Wilson	1,909	14.2
Tennessee	275,651	33.1

Source: School Food Services Cumulative-Analysis Report, Department of Education, State of Tennessee.

*This program provides free and reduced price lunches for eligible children.

* *Based on the annual cumulative number of program lunches divided by the average number of school days.

* **Based on the average school daily attendance for the schools participating in lunch program.

Note: The data in this report are for calendar school year 1997-1998.

School Nutrition

- ✓ Undernutrition, paired with other factors related to poverty, can permanently retard physical growth, brain development, and cognitive functioning.
- ✓ Poor children who attend school hungry perform significantly below non-hungry low-income children on standardized test scores.
- ✓ Improved nutrition and environmental conditions can modify the effects of early undernutrition.

"Children who attend school hungry have diminished attention spans and are unable to perform tasks as well as their nourished peers. In these cases, the full value of the education provided is lost," said Dr. J. Larry Brown in the Tufts review.

In addition, these children are more likely to be absent from school because of illness. A recent study found that teachers reported higher levels of hyperactivity, absenteeism, and tardiness among hungry and at-risk children than not-hungry children.

Other studies of the School Lunch program have found that it provides from one-third to one-half of the nutritional intake for low-income children. U.S. Department of Agriculture (USDA) research shows children who eat school lunch have better nutritional intakes than those who do not.

The School Breakfast Program, which began in 1966 as a pilot program to serve low-income children and was expanded and made permanent by 1975, provides healthy breakfasts to children whose parents' schedules, bus routes, or poverty prevent them from eating before they leave home.

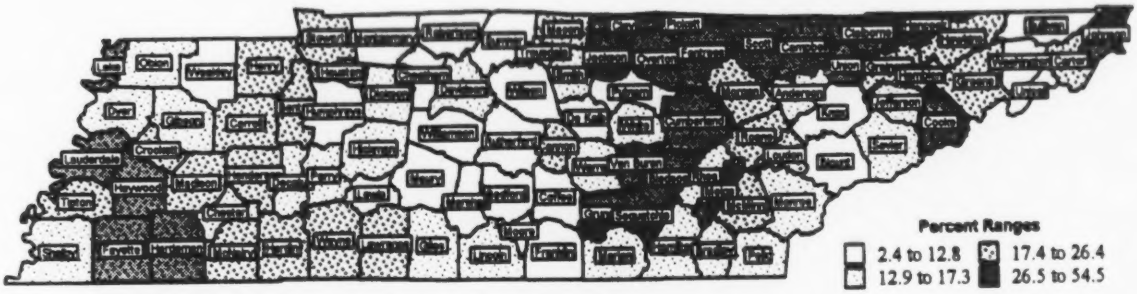
In 1997-98, 57 percent of Tennessee students who participated in the School Lunch Program also participated in the School Breakfast Program, the second highest participation in the nation, according to Food, Research and Action (FRAC, 1998). Ninety-one percent of Tennessee schools participating in the School Lunch Program also offer school breakfast. Nationally only 41 percent of students receiving free lunches also get breakfast, and 73 percent of schools providing the school lunch program also provide school breakfasts.

Decades of research on the School Breakfast Program have shown it to be effective in improving academic performance and social behavior. In a March 1998 Harvard University study, students who increased participation in school breakfast showed significantly larger gains in math grades, decreased rates of tardiness, absences, and hyperactivity, and decreased depression and anxiety than students whose participation did not increase. A recent Minnesota Breakfast Study also found that students who ate breakfast before starting school reduced nurse visits and improved student behaviors. Another study found breakfast to be more effective in improving educational performance when eaten nearer to class time.

USDA's Food and Nutrition Consumer Service funds three other programs that feed children: the Summer Food Program, to provide food to low income children when school is out; the Women's, Infants' and Children's (WIC) program to help low-income people who are nutritionally at risk purchase healthy food; and the Child and Adult Care Food Program to assist child-care homes and centers provide nutrition to low-income children.

School Nutrition

Percent of Students Participating in School Breakfast Programs Who Received Breakfast at Free or Reduced Prices, 1997-1998



County	Breakfast*	
	Number**	Percent***
Anderson	1,836	15.3
Bedford	690	12.4
Benton	598	24.5
Bledsoe	499	31.5
Blount	1,634	10.6
Bradley	1,774	16.2
Campbell	1,901	29.2
Cannon	357	18.5
Carroll	991	19.8
Carter	2,004	25.1
Cheatham	697	11.1
Chester	310	13.3
Claiborne	1,639	36.8
Clay	400	32.9
Cocke	1,489	29.4
Coffee	980	11.9
Crockett	537	21.2
Cumberland	1,828	29.4
Davidson	10,202	16.2
Decatur	331	15.3
DeKalb	325	12.8
Dickson	1,192	16.1
Dyer	1,045	16.2
Fayette	2,154	54.5
Fentress	674	30.0
Franklin	596	10.5
Gibson	1,323	16.0
Giles	783	17.2
Grainger	742	26.4
Greene	1,709	19.3
Grundy	725	46.2
Hamblen	1,581	18.6
Hamilton	6,004	14.8
Hancock	360	32.0
Hardeman	1,764	39.9
Hardin	747	20.7
Hawkins	1,448	20.6
Haywood	1,967	51.7
Henderson	644	17.6
Henry	777	18.1
Hickman	559	17.3
Houston	278	22.1
Humphreys	352	12.0
Jackson	603	40.6
Jefferson	902	15.1
Johnson	594	26.6
Knox	5,676	11.7
Lake	245	26.9
Lauderdale	1,643	35.9
Lawrence	1,189	18.5
Lewis	229	12.6
Lincoln	773	15.5
Loudon	1,226	20.1
McMinn	1,240	17.5
McNairy	708	18.3
Macon	577	18.1
Madison	2,639	20.2
Marion	712	16.6
Marshall	310	6.9
Maury	1,133	10.3
Meigs	466	29.4
Monroe	883	15.1
Montgomery	1,806	8.4
Moore	90	9.4
Morgan	672	21.5
Obion	756	14.2
Overton	804	27.8
Perry	175	15.6
Pickett	211	27.0
Polk	370	16.8
Putnam	1,054	11.8
Rhea	657	14.2
Roane	1,498	21.2
Robertson	1,106	11.5
Rutherford	2,242	8.2
Scott	1,277	32.8
Sequatchie	451	27.8
Sevier	1,768	16.5
Shelby	20,640	13.5
Smith	466	15.9
Stewart	335	17.8
Sullivan	2,753	12.5
Sumner	1,528	7.7
Tipton	1,765	18.2
Trousdale	28	2.4
Unicoi	288	11.0
Union	815	29.3
Van Buren	201	26.6
Warren	944	15.8
Washington	1,571	10.5
Wayne	478	18.7
Weakley	506	10.2
White	542	14.8
Williamson	469	2.6
Wilson	847	3.4
Tennessee	131,882	15.7

Source: School Food Services Cumulative-Analysis Report, Department of Education, State of Tennessee.

*This program provides free and reduced price breakfast for eligible children.

**Based on the annual cumulative number of program breakfast divided by the average number of school days.

***Based on the average school daily attendance for the schools participating in breakfast program.

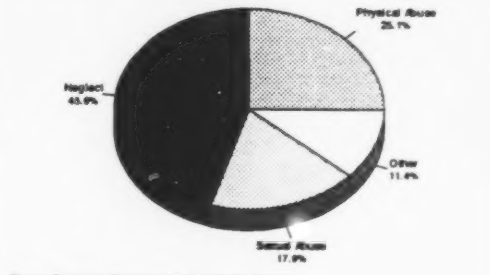
Note: The data in this report are for calendar school year 1997-1998.

social indicators for Tennessee's children

Child Abuse

Each day in Tennessee, 30 children are abused or neglected. Of the 32,383 cases of alleged abuse or neglect investigated by the Tennessee Department of Children's Services in Fiscal Year 1997, abuse or neglect was indicated in 10,803 cases. These figures demonstrate little improvement over the past 10 years to reduce incidents of abuse and neglect in Tennessee and challenge its citizens and leaders to increase efforts of prevention.

Child Abuse/Neglect Victims by Types of Maltreatment, 1997

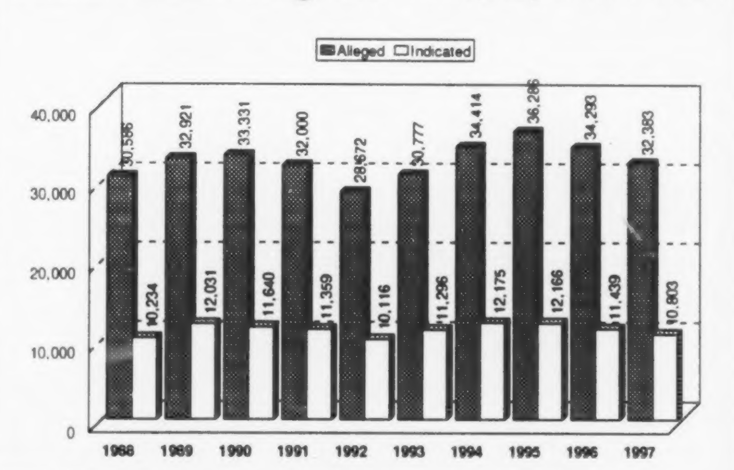


Source: Tennessee Department of Children's Services

Statistics reveal that in an overwhelming number of cases children are abused or neglected by those they love and trust the most. In 87 percent of cases investigated, the child was alleged to be abused or neglected by a relative or someone living in his or her own home. School, child care, and institutional staff or foster parents are alleged perpetrators in less than 3 percent of cases, and strangers in only 0.2 percent.

There are four types of child abuse. Physical abuse is the non-accidental physical injury of a child, including beatings, bites, burns, strangulation, scalding that results in bruises, welts, fractures, or serious internal injuries. Sexual abuse is forced sexual contact of any nature, either physical or non-physical, between a child and an adult. Emotional abuse is a pattern of maladaptive behavior that attacks emotional development, or sense of self-worth. Neglect is withholding or failing to provide a child with the basic necessities of life: food, clothing, shelter, medical care, hygiene, attention, or supervision needed for optimal physical or emotional growth and development.

Child Abuse/Neglect Victims, 1988-1997



Source: Tennessee Department of Human Services and Tennessee Department of Children's Services

Some of the signs of abuse or neglect that may be seen in children are repeated injuries that are not properly treated or adequately explained; unusual behavior, ranging from disruptive or aggressive to passive and withdrawn; disturbed sleep, such as nightmares or bedwetting; loss of appetite or overeating; a drop in grades or a loss of interest in activities once enjoyed; and exhibition of sexual behavior not appropriate for age.

Child Abuse

Child abuse can have devastating and long-lasting effects. It takes an enormous emotional toll on its victims and, if untreated, may follow them into adulthood. Abuse and neglect has been thought to contribute to delinquency, adult anti-social behavior, mental illness, and substance abuse. Overwhelming numbers of juvenile offenders, runaways, violent criminals, sexual perpetrators, and prostitutes report being abused or exploited as a child. The costs to society of treating and supporting victims of abuse is staggering.

In Tennessee, citizens having knowledge of or called upon to render aid to a child who has suffered an injury of a reasonably suspicious nature are required by law to report such incidents to law enforcement or the Tennessee Department of Children's Services (DCS). Relatives, law enforcement, school staff, or neighbors and friends make more than 54 percent of allegations. Only 8 percent of reports are anonymous.

DCS is responsible for investigating allegations of abuse and neglect. If the investigation determines that an incident of abuse occurred, it is declared to be indicated. If it is concluded that abuse did not occur, it is declared unfounded. If the report is determined to be indicated, DCS arranges for services to be provided to protect the child. The child's family is also provided services to enable the family to remain together or to reunify the family if the child must be removed from the home.

Child Abuse/Neglect Victims by Age and Sex of Child Victims, 1997

	Indicated	Unfounded	Total Child Victims
Under 1 year	1,096	1,612	2,708
1-2 years	1,259	3,003	4,262
3-5 years	2,114	4,699	6,813
6-11 years	3,548	7,318	10,866
12 years and over	2,768	4,922	7,690
Unknown	18	26	44
TOTALS	10,803	21,580	32,383
Male	4,964	10,181	15,145
Female	5,818	11,313	17,131
Unknown	21	86	107
TOTALS	10,803	21,580	32,383

Source: Tennessee Department of Children's Services

Number of Perpetrator Occurrences by Relationship Type, 1997

Relationship	Number	Percent
Parent	24,460.0	71.0
Stepparent	1,526.0	4.4
Neighbor/Acquaintance	1,436.0	4.2
Non-relative Household	1,047.0	3.0
Grandparent	987.0	2.9
Unknown	933.0	2.7
Other Relative Outside Household	918.0	2.7
Other	862.0	2.5
Sibling	[illegible]	1.8
Other Relative Household	617.0	1.8
Child Care Staff	346.0	1.0
Institution Staff	279.0	0.8
Teacher/School Staff	236.0	0.7
Foster Parent	153.0	0.4
Stranger	60.0	0.2
Adoptive Parent	47.0	0.1
Law Enforcement/Court	28.0	0.1
Total	[illegible]	100.0

Source: Tennessee Department of Children's Services

Number of Perpetrator Occurrences by Reporting Source, 1997

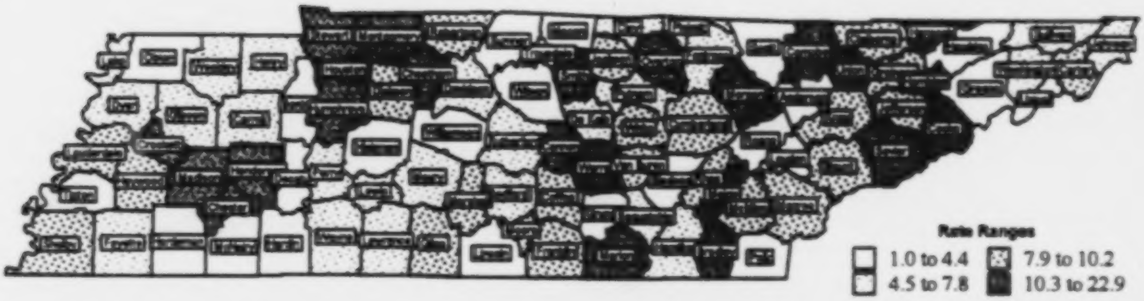
Reporting Source	Number	Percent
Relative	5,879.0	17.0
Law Enforcement	4,494.0	13.3
School Staff	4,316.0	12.8
Neighbor/Friend	3,794.0	11.2
Other	2,981.0	8.8
Anonymous	2,877.0	8.5
Hospital Staff	2,102.0	6.2
Social Service Counseling	1,716.0	5.1
Court	1,714.0	5.1
Parent/Substitute	1,687.0	5.0
Private Physician	739.0	2.2
Victim	691.0	2.1
Child Care Agency	601.0	1.8
Public Health Nurse	281.0	0.8
Perpetrator (non-parent)	140.0	0.4
Total	[illegible]	100.0

Source: Tennessee Department of Children's Services

Child Abuse

Indicated Child Abuse & Neglect Rate, 1997

Note: This rate is per 1,000.



County	Child Abuse Number	Rate*
Anderson	68	4.0
Bedford	48	5.5
Benton	15	4.0
Bledsoe	4	1.7
Blount	230	10.0
Bradley	222	11.4
Campbell	106	11.5
Cannon	50	16.3
Carroll	37	5.4
Carter	113	10.0
Cheatham	127	12.9
Chester	46	12.7
Claiborne	61	8.6
Clay	10	6.2
Cocke	85	11.6
Coffee	100	8.3
Crockett	42	12.4
Cumberland	75	7.9
Davidson	1,017	7.8
Decatur	8	3.4
DeKalb	27	7.5
Dickson	119	10.2
Dyer	71	7.5
Fayette	39	4.6
Fentress	21	5.4
Franklin	77	8.8
Gibson	87	7.5
Giles	71	9.9
Grainger	43	9.5
Greene	52	4.0
Grundy	14	3.9
Hamblen	186	14.6
Hamilton	515	7.2

County	Child Abuse Number	Rate*
Hancock	25	15.6
Hardeman	24	3.5
Hardin	27	4.4
Hawkins	36	3.2
Haywood	50	9.1
Henderson	62	10.9
Henry	42	6.5
Hickman	19	4.0
Houston	33	18.4
Humphreys	61	15.2
Jackson	18	8.8
Jefferson	79	8.7
Johnson	21	6.1
Knox	743	8.7
Lake	9	5.9
Lauderdale	55	8.1
Lawrence	59	5.7
Lewis	12	4.6
Lincoln	19	2.5
Loudon	9	1.0
McMinn	90	8.2
McNairy	7	1.2
Macon	12	2.7
Madison	400	17.5
Marion	70	10.3
Marshall	63	9.5
Maury	140	7.6
Meigs	37	16.8
Monroe	72	8.6
Montgomery	783	22.9
Moore	8	6.5
Morgan	77	17.2
Obion	27	3.6

County	Child Abuse Number	Rate*
Overton	46	10.5
Perry	14	7.8
Pickett	6	5.8
Polk	8	2.5
Putnam	66	4.8
Rhea	58	8.7
Roane	40	3.6
Robertson	126	8.7
Rutherford	245	5.5
Scott	17	3.1
Sequatchie	20	7.8
Sevier	173	11.8
Shelby	1,960	7.9
Smith	53	13.3
Stewart	26	10.5
Sullivan	177	5.4
Sumner	138	4.3
Tipton	49	3.4
Trousdale	2	1.3
Unicoi	4	1.2
Union	61	14.9
Van Buren	11	9.7
Warren	132	15.1
Washington	141	6.4
Wayne	27	6.6
Weakley	56	7.1
White	44	8.4
Williamson	64	2.0
Wilson	64	2.9

Tennessee	10,803	8.0

Source: Tennessee Department of Children's Services.

* Rate is based on the 1997 population under 18 estimates prepared by the Department of Sociology, University of Tennessee, Knoxville.

Note: The data in this report are for calendar year 1997.

Juvenile Justice

According to data from the Tennessee Council of Juvenile and Family Court Judges (TCJFCJ), between 1995 and 1997 there were decreases in referrals for the following categories:

- ✓ Person offenses.
- ✓ Property offenses.
- ✓ Illegal conduct cases.
- ✓ Status offense cases.
- ✓ Violation proceedings.

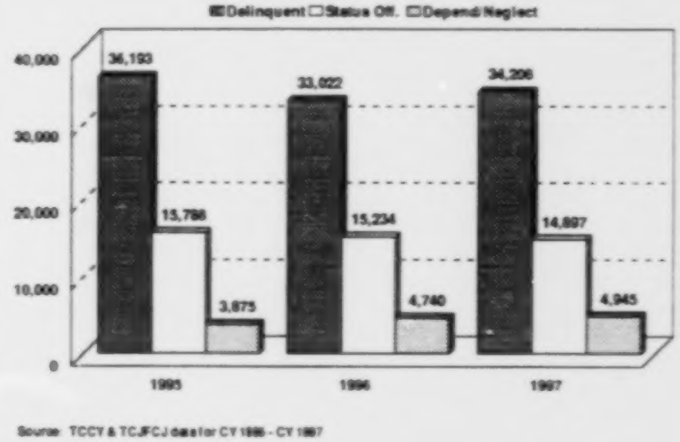
During the same period, referrals increased in the following categories:

- ✓ Dependent and neglect cases.
- ✓ Special proceeding cases.
- ✓ Other cases.

In Tennessee between 1995 and 1997 overall referrals to juvenile courts have increased slightly from 84,672 to 94,003. Of the 94,003 cases referred to juvenile court, almost two thirds (65 percent) involved males, and more than one third (35 percent), females. Between the years of 1995 and 1997, the overall referrals for females rose from 27,719 to 32,638, an increase of 18 percent. However, the number of referrals for males went from 56,953 to 61,365 representing an increase of only 8 percent.

Tennessee Statewide Juvenile Referrals

CY 1995 - CY 1997

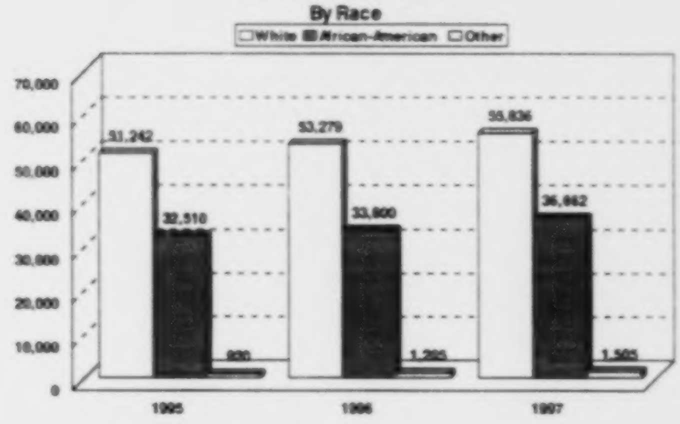


Source: TCCY & TCJFCJ data for CY 1995 - CY 1997

Tennessee Statewide Juvenile Referrals

CY 1995 - CY 1997

By Race



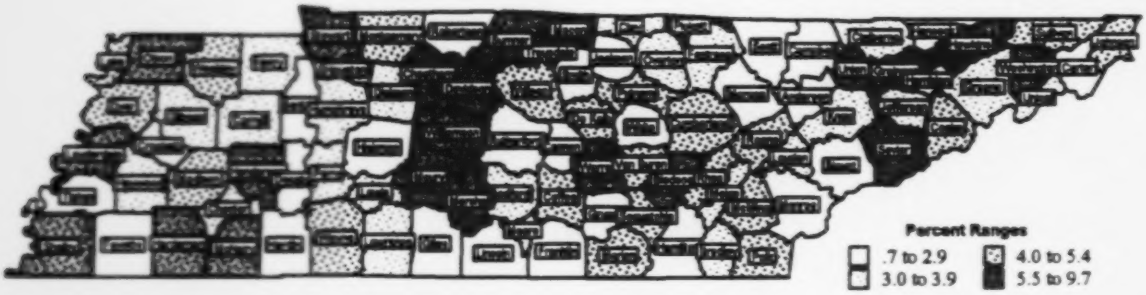
Source: TCCY & TCJFCJ data for CY 1995 - CY 1997

Juvenile courts handled an estimated 34,208 delinquent referrals in 1997. This was a 5 percent decrease from 1995 of 36,193 referrals. When considering delinquency referrals as they relate to gender, those involving males decreased by 8 percent during that period, while referrals of females increased by 5 percent.

Referrals for crimes against persons, such as homicide, aggravated robbery, rape, and assault decreased from 6,054 in 1995 to 5,960 in 1997. Between 1995 and 1997 the juvenile courts

Juvenile Justice

Percent of Children Referred to Juvenile Courts, 1997



County	Referrals Number	Referrals Percent*
Anderson	403	2.3
Bedford	307	3.5
Benton	93	2.5
Bledsoe	153	6.3
Blount	615	2.7
Bradley	761	3.9
Campbell	130	1.4
Cannon	51	1.7
Carroll	237	3.4
Carter	153	1.4
Cheatham	592	6.0
Chester	136	3.8
Claiborne	270	3.8
Clay	50	3.1
Cocke	388	5.3
Coffee	496	4.1
Crockett	54	1.6
Cumberland	416	4.4
Davidson	11,332	8.7
Decatur	34	1.5
DeKalb	151	4.2
Dickson	409	3.5
Dyer	454	4.8
Fayette	209	2.5
Fentress	126	3.3
Franklin	228	2.6
Gibson	414	3.5
Giles	176	2.4
Grainger	336	7.4
Greene	503	3.8
Grundy	97	2.7
Hamblen	467	3.7
Hamilton	1,697	2.4
Hancock	18	1.1
Hardeman	458	6.7
Hardin	121	2.0
Hawkins	740	6.6
Haywood	194	3.5
Henderson	346	6.1
Henry	229	3.5
Hickman	119	2.5
Houston	81	4.5
Humphreys	157	3.9
Jackson	15	0.7
Jefferson	270	3.0
Johnson	145	4.2
Knox	2,771	3.2
Lake	77	5.0
Lauderdale	655	9.7
Lawrence	397	3.8
Lewis	100	3.8
Lincoln	220	2.9
Loudon	275	3.1
McMinn	464	4.2
McNairy	435	7.8
Macon	336	7.4
Madison	950	4.2
Marion	270	4.0
Marshall	456	6.9
Maury	1,343	7.3
Meigs	67	3.0
Monroe	123	1.5
Montgomery	1,703	5.0
Moore	38	3.1
Morgan	83	1.9
Obion	432	5.7
Overton	143	3.3
Perry	69	3.9
Pickett	68	6.6
Polk	140	4.4
Putnam	682	4.9
Rhea	306	4.6
Roane	437	4.0
Robertson	415	2.9
Rutherford	1,040	2.3
Scott	85	1.6
Sequatchie	123	4.8
Sevier	1,286	8.8
Shelby	15,460	6.3
Smith	85	2.1
Stewart	152	6.1
Sullivan	1,762	5.3
Sumner	2,430	7.6
Tipton	414	2.9
Trousdale	112	7.1
Unicoi	124	3.6
Union	270	6.6
Van Buren	47	4.1
Warren	766	8.7
Washington	1,996	9.0
Wayne	188	4.6
Weakley	422	5.4
White	152	2.9
Williamson	1,810	5.8
Wilson	942	4.2
Tennessee	67,952	5.0

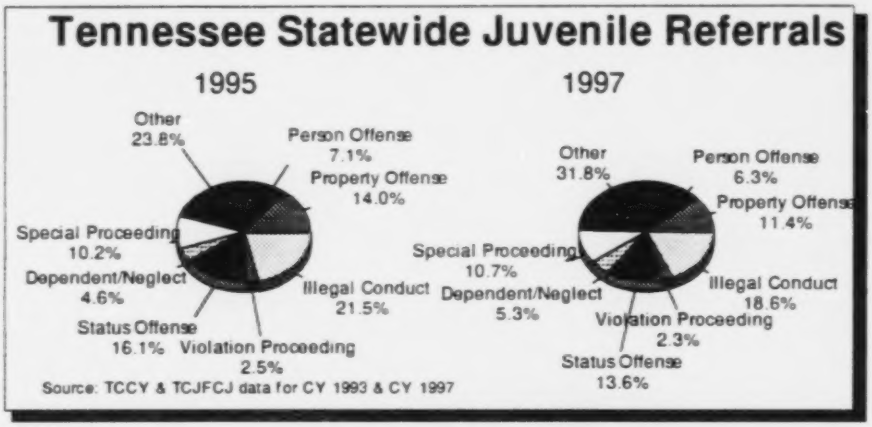
Source: 1997 Annual Statistical Report, Council of Juvenile and Family Court Judges.

*Percent is based on 1997 population under 18 estimates prepared by the Department of Sociology, University of Tennessee, Knoxville.

Note: The data in this report are for calendar year 1997.

Juvenile Justice

Tennessee Statewide Juvenile Referrals



Source: TCCY & TCJFCJ data for CY 1993 & CY 1997

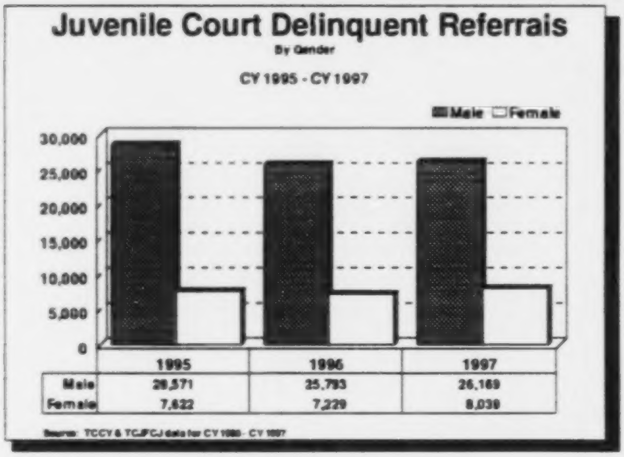
handled 8 percent more aggravated assault cases, and 4 percent more forcible rape cases. During the same period, there was a 42 percent decrease in negligent homicide cases, a 22 percent drop in robbery cases and a 38 percent reduction in cases involving weapons.

In 1997, there were 10,756 referrals for offenses against property, such as burglary, theft, arson, and vandalism, compared to 11,896 in 1995.

Juvenile Court Delinquent Referrais

By Gender

CY 1995 - CY 1997



	1995	1996	1997
Male	28,571	25,793	26,169
Female	7,622	7,229	8,039

Source: TCCY & TCJFCJ data for CY 1995 - CY 1997

Of 94,003 total referrals to juvenile courts in 1997, 17,492 cases were for illegal conduct compared to 1995 with 18,243 cases. Illegal conduct cases include: weapons possession, drug offenses, gambling, and driving under the influence.

Overall status offenses, including running away, truancy, violation of curfew, and ungovernable/unruly behavior decreased from 13,661 in 1995 to 12,748 in 1997.

There was also a substantial increase (27.6 percent) in the category of dependent neglect cases, increasing from 3,875 in 1995, to 4,945 cases in 1997.

The category of other indicated the greatest increase going from 20,160 cases in 1995, to 29,899 cases in 1997 (48.3 percent). Although this category experienced the most substantial increase, the cases represent issues that are not a danger for communities, and include:

- ✓ Consent to marry.
- ✓ Custody.
- ✓ Visitation.
- ✓ Paternity/Legitimation.
- ✓ Foster Care Review.
- ✓ Child Support.
- ✓ Request for Medical Treatment.

Juvenile Justice

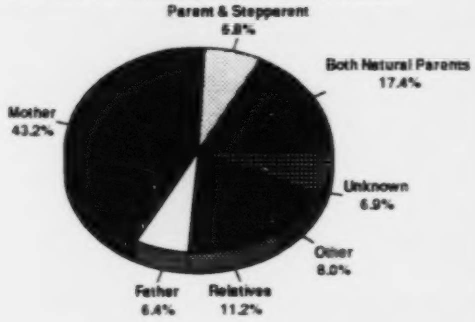
There has been widespread debate regarding why so many children end up in juvenile court. The demographics of the children referred may give some clues.

Very few children referred to juvenile court live with both parents. In Tennessee, only 17.4 percent of children referred to juvenile court lived with both parents in 1997.

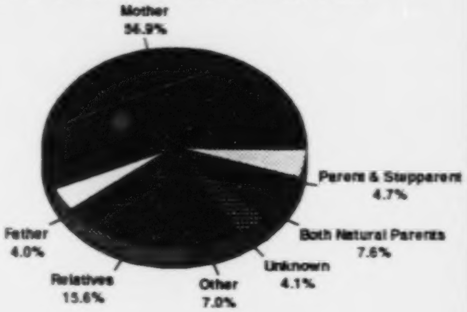
Single parent families (49.6 percent), particularly those headed by women (43.2 percent), comprise almost half of the children referred to juvenile court. However, in comparison, the percent of children living with their fathers only at the time of referral was significantly less (6.4 percent) than for children living with mothers only.

"The data continued to show most children, with the exception of white males, were living with their mothers only at the time of referrals to juvenile court.... This statistic appeared to remain particularly true for African-American males." (TCJFCJ, 1998)

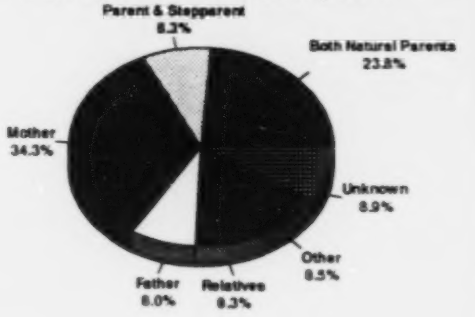
Another concern that should be considered when reviewing the data is the disproportionate representation of African-American children in the juvenile courts in Tennessee. In 1997, 25 percent of Tennessee's total population was under 18 years of age. Of that population, the majority are male (51 percent). Whites made up the largest ethnic group (78 percent); African-Americans, 21 percent. The remaining 1 percent of the population was other minorities. In 1997, of the youth referred to juvenile court in Tennessee 59 percent were white, 39 percent were African-American, and 2 percent were other minorities.



Living Arrangements of All Children Referred to Juvenile Court, 1997



Living Arrangements of African-American Children Referred to Juvenile Court, 1997



Living Arrangements of White Children Referred to Juvenile Court, 1997

Source: TCCY & TCJFCJ data for CY 1997

Note. The information presented represents "offense referrals" to the juvenile court and not the actual number of separate individuals referred to the court. The actual number of individual youth referred will be less due to some youth having multiple referrals.

State Custody

In the last few years, the state custody system has experienced many changes and challenges.

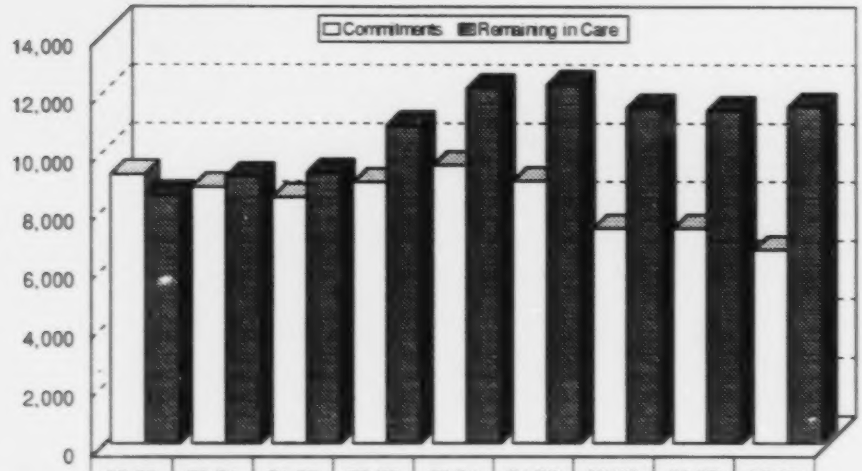
Prior to 1996, four state departments in Tennessee provided custodial services for children: Education (DOE), Human Services (DHS), Mental Health and Mental Retardation (DMHMR), and Youth Development (DYD).

In July 1996, services for children in custody of the four departments were consolidated into a single entity, the Department of Children's Services (DCS). The challenges for the new department included designing a new service model to provide children and families appropriate and adequate services with consistency and continuity, reducing the number of children in state custody, and providing timely and cost-effective services.

Children are brought before the juvenile court as the result of the filing of a petition. Petitions are filed by members of the community (parents, law enforcement, schools, and victims), or stakeholders involved with children's services (protective services, probation officers) related to the abuse, neglect, or behavior problem of the child. Children can have multiple petitions before entering custody. A child enters state custody when a juvenile court judge or referee issues an order that gives legal custody of the child to the state.

Children Committed to and Remaining in State Custody

FY 1989-90 through FY 1997-98

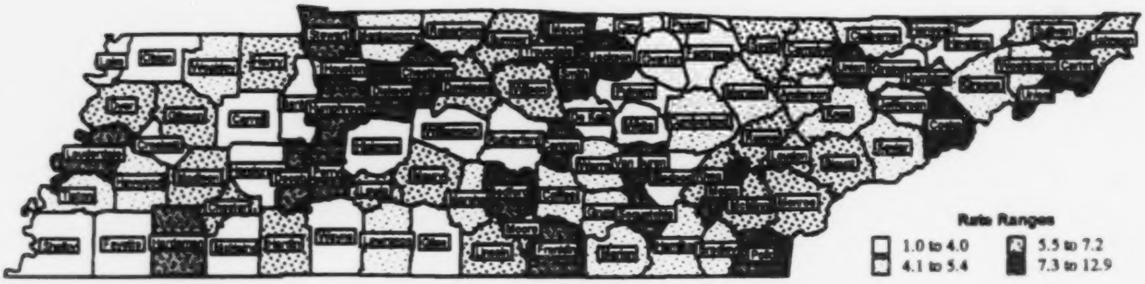


	89-90	90-91	91-92	92-93	93-94	94-95	95-96	96-97	97-98
Commitments	9,207	8,762	8,397	8,931	9,501	8,969	7,336	7,336	6,606
Remaining in Care	8,502	9,114	9,246	10,867	12,140	12,258	11,470	11,391	11,509

Source: Tennessee Department of Health, Office of Children's Services

State Custody

Commitment Rate of Children to State Custody, FY 1997-1998
Note: This Rate is Per 1,000



County	Commitments Number	Rate*
Anderson	90	5.2
Bedford	86	9.8
Benton	14	3.8
Bledsoe	7	2.9
Blount	139	6.1
Bradley	98	5.1
Campbell	66	7.2
Cannon	24	7.8
Carroll	24	3.5
Carter	145	12.9
Cheatham	72	7.3
Chester	26	7.2
Claiborne	32	4.5
Clay	8	5.0
Cocke	56	7.7
Coffee	57	4.7
Crockett	11	3.2
Cumberland	47	5.0
Davidson	789	6.1
Decatur	5	2.1
DeKalb	20	5.6
Dickson	85	7.3
Dyer	67	7.0
Fayette	20	2.4
Fentress	13	3.4
Franklin	107	12.2
Gibson	69	5.9
Giles	26	3.6
Grainger	18	4.0
Greene	61	4.6
Grundy	15	4.2
Hamblen	69	5.4
Hamilton	344	4.8

County	Commitments Number	Rate*
Hancock	9	5.6
Hardeman	53	7.7
Hardin	37	6.0
Hawkins	43	3.8
Haywood	26	4.7
Henderson	19	3.3
Henry	41	6.3
Hickman	18	3.8
Houston	8	4.5
Humphreys	37	9.2
Jackson	15	7.3
Jefferson	36	3.9
Johnson	22	6.4
Knox	372	4.3
Lake	3	2.0
Lauderdale	65	9.6
Lawrence	54	5.2
Lewis	15	5.7
Lincoln	46	6.2
Loudon	49	5.5
McMinn	64	5.8
McNairy	21	3.7
Macon	35	7.7
Madison	130	5.7
Marion	35	5.1
Marshall	34	5.1
Maury	114	6.2
Meigs	23	10.4
Monroe	55	6.6
Montgomery	151	4.4
Moore	7	5.7
Morgan	21	4.7
Obion	30	4.0

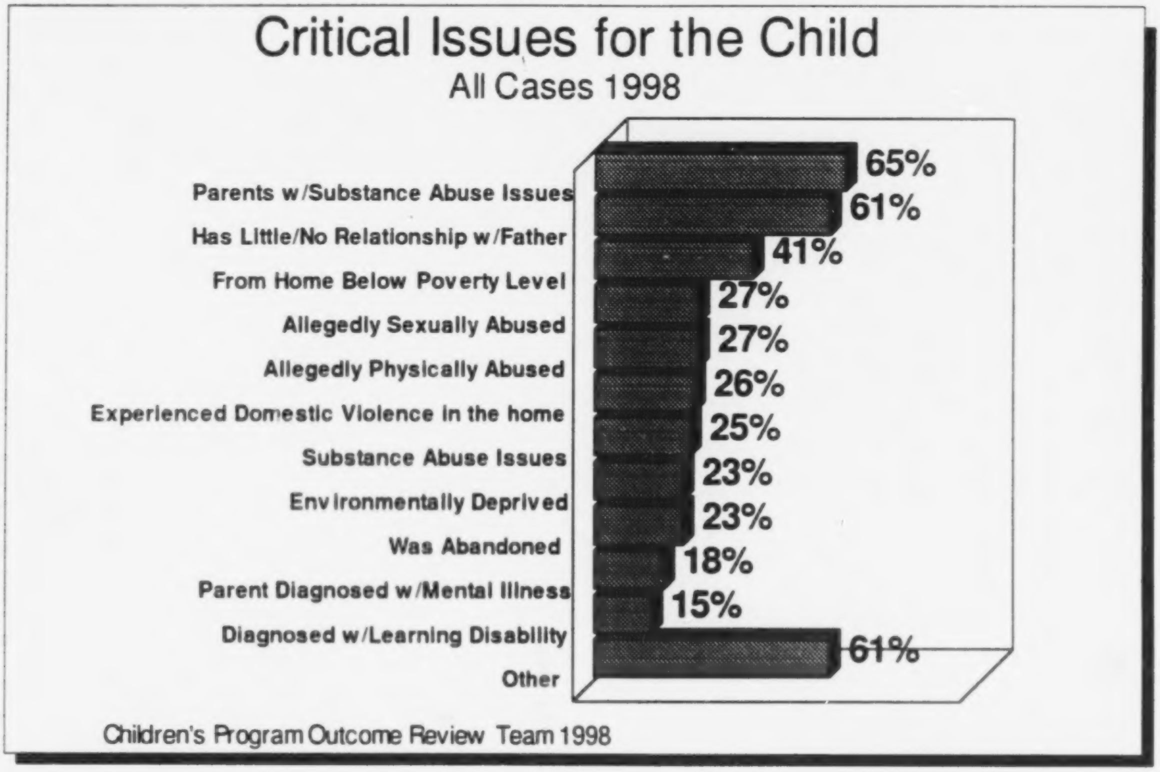
County	Commitments Number	Rate*
Overton	10	2.3
Perry	15	8.4
Pickett	1	1.0
Polk	30	9.4
Putnam	50	3.6
Rhea	47	7.1
Roane	72	6.5
Robertson	62	4.3
Rutherford	107	2.4
Scott	30	5.5
Sequatchie	23	9.0
Sevier	73	5.0
Shelby	695	2.8
Smith	35	8.8
Stewart	24	9.7
Sullivan	199	6.0
Sumner	185	5.8
Tipton	66	4.6
Trousdale	8	5.1
Unicoi	42	12.2
Union	30	7.3
Van Buren	9	7.9
Warren	47	5.4
Washington	95	4.3
Wayne	15	3.6
Weakley	33	4.2
White	10	1.9
Williamson	51	1.6
Wilson	144	6.4
Tennessee	6,606	4.9

Source: Planning and Research, Department of Children's Services.

* Rate is based on 1997 population estimates prepared by the Department of Sociology, University of Tennessee, Knoxville.

Note: The data in this report are for fiscal year 1997-1998.

State Custody


Critical Issues for the Child

All Cases 1998

Children's Program Outcome Review Team 1998

Children may be adjudicated dependent/neglect/abused, unruly (status offenders), or delinquent. Status offenders are children who have committed offenses that are not illegal for adults but are for those under 18 years old. Unruly adjudications generally comprise those children who are truant, ungovernable, or runaway.

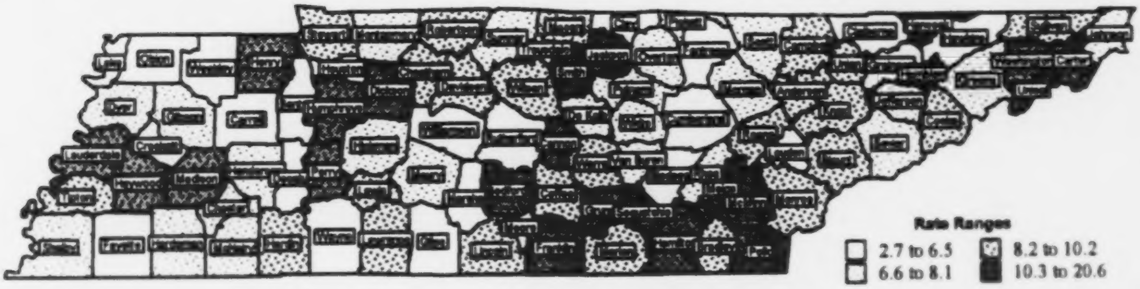
Commitment to state custody is the most serious sanction a juvenile court judge can administer to a child. The only exception would be a child who has committed an offense that is so serious that the judge transfers the child's case to criminal court, where the child is tried as an adult.

Even though new commitments to state custody have been gradually declining, the number of children remaining in care has remained relatively stable over the past four years (Tennessee Department of Health, Office of Children's Services, DCS).

In 1993, the Tennessee Commission on Children and Youth began development of an innovative evaluation process, the Children's Program Outcome Review Team (C-PORT), that "tests" service system performance and outcomes by examining relevant aspects of the lives of children in state custody and their families. The C-PORT process has systematically documented the status of children and the performance of the service delivery system as it continues to evolve in Tennessee.

State Custody

Rate of Children Remaining in State Custody, June 30,1998
Note: This Rate is Per 1,000



County	In State Custody	
	Number	Rate*
Anderson	152	8.9
Bedford	137	15.6
Benton	22	5.9
Bledsoe	12	5.0
Blount	198	8.6
Bradley	188	9.7
Campbell	88	9.6
Cannon	43	14.0
Carroll	42	6.1
Carter	143	12.7
Cheatham	100	10.2
Chester	27	7.5
Claiborne	35	5.0
Clay	9	5.6
Cocke	74	10.1
Coffee	99	8.2
Crockett	14	4.1
Cumberland	50	5.3
Davidson	1,227	9.5
Decatur	10	4.3
DeKalb	26	7.3
Dickson	127	10.8
Dyer	75	7.9
Fayette	53	6.3
Fentress	25	6.5
Franklin	133	15.1
Gibson	91	7.8
Giles	45	6.3
Grainger	27	5.9
Greene	105	8.0
Grundy	37	10.4
Hamblen	142	11.1
Hamilton	750	10.5
Hancock	33	20.6
Hardeman	55	8.0
Hardin	62	10.0
Hawkins	69	6.2
Haywood	70	12.7
Henderson	45	7.9
Henry	78	12.0
Hickman	37	7.8
Houston	9	5.0
Humphreys	47	11.7
Jackson	39	19.1
Jefferson	63	6.9
Johnson	27	7.8
Knox	782	9.1
Lake	5	3.3
Lauderdale	117	17.3
Lawrence	94	9.0
Lewis	22	8.4
Lincoln	66	8.8
Loudon	47	5.3
McMinn	135	12.3
McNairy	40	7.1
Macon	44	9.7
Madison	291	12.7
Marion	63	9.2
Marshall	43	6.5
Maury	146	7.9
Meigs	36	16.3
Monroe	78	9.3
Montgomery	242	7.1
Moore	6	4.9
Morgan	33	7.4
Obion	39	5.2
Overton	30	6.9
Perry	21	11.7
Pickett	7	6.8
Polk	36	11.2
Putnam	91	6.6
Rhea	54	8.1
Roane	106	9.6
Robertson	120	8.3
Rutherford	159	3.5
Scott	38	7.0
Sequatchie	32	12.5
Sevier	116	7.9
Shelby	1,879	7.6
Smith	59	14.8
Stewart	25	10.1
Sullivan	301	9.1
Sumner	259	8.1
Tipton	128	8.9
Trousdale	8	5.1
Unicoi	51	14.8
Union	37	9.1
Van Buren	8	7.0
Warren	75	8.6
Washington	228	10.3
Wayne	20	4.9
Weakley	37	4.7
White	39	7.4
Williamson	84	2.7
Wilson	192	8.6
Tennessee	11,509	8.5

Source: Planning and Research, Department of Children's Services.

* Rate is based on 1997 population estimates prepared by the Department of Sociology, University of Tennessee, Knoxville.

Note: The data in this report are for fiscal year 1997-1998.

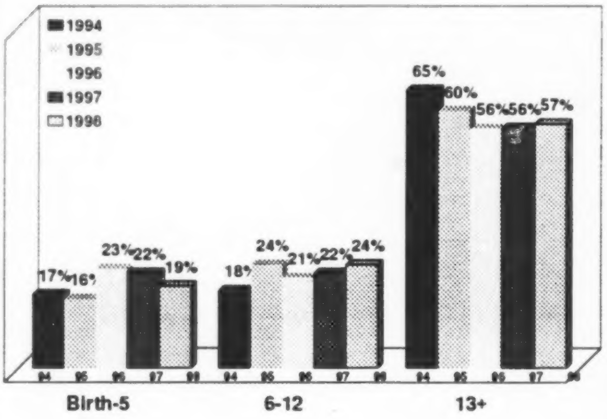
State Custody

The evaluation results indicate growing social ills, substance abuse issues among parents, incarceration of parents, poverty, domestic violence, child abuse, juvenile delinquency, and child and family conditions that contribute to the risk of children entering or remaining in custody (C-PORT, 1998 Results).

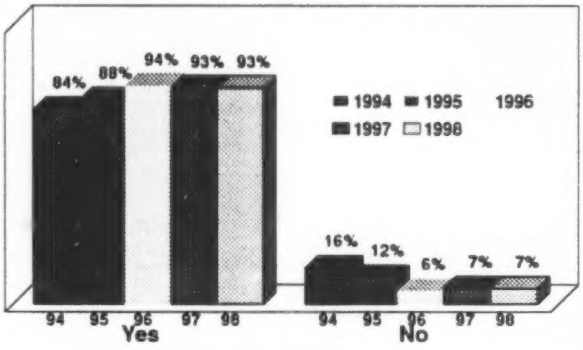
Children were remaining in custody too long due to delays in release from custody, delays in termination of parental rights, and delays in the adoption process. In some cases, the window of opportunity to go home or be released passed and current circumstances and/or behavior now prohibited release (C-PORT, 1998 Results).

A major problem appears to be insufficient DCS legal staff to implement the legal steps necessary for the exit of children from state custody; to pursue timely termination of parental rights, when appropriate; and to achieve permanency through adoption. It appeared custody could have been avoided at the time of removal from home for 7 percent of the children in 1998, 7 percent of the children in 1997; 6 percent, in 1996; 12 percent, in 1995; and 16 percent, in 1994 (C-PORT 1998 Results).

Age of the Child

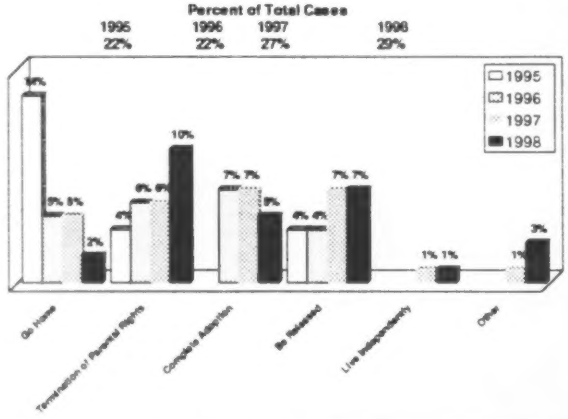


Would State Custody Have Been Necessary If Needed Services Had Been Provided?



Source: Children's Program Outcome Review Team

Children in Custody Too Long: What Should Have Happened

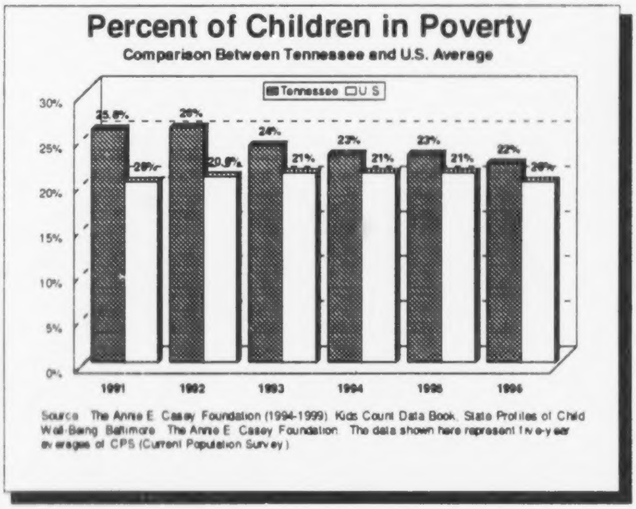


the economic status of Tennessee's children

Income

While many Tennesseans continue to benefit from a robust economy with lower unemployment and higher per capita incomes, not all of our citizens are enjoying our recent prosperity.

As of 1996, 22 percent of Tennessee's children under 18 years of age are still living below the poverty level, with 12 percent of Tennessee's children living in extreme poverty (50 percent of the poverty level).



Percent of Children in Poverty

Comparison Between Tennessee and U.S. Average

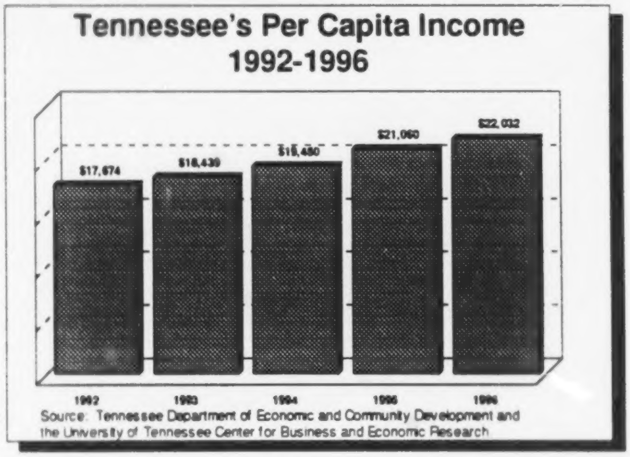
Source: The Annie E. Casey Foundation (1994-1999). Kids Count Data Book, State Profiles of Child Well-Being. Baltimore: The Annie E. Casey Foundation. The data shown here represent five-year averages of CPS (Current Population Survey.)

Nationally 20 percent of children live below the poverty level, with Tennessee ranking 36th worst in 1996. While some reports describe poverty as a temporary condition, this is not the case. Eighty percent of children who are poor one year will be poor the next year, with as many as 36 percent of children experiencing poverty two months out of the year (Children's Defense Fund, 1998). Though children make up only 25 percent of the population, they make up 40 percent of the population living in poverty.

A common misperception is that most children living in poverty come from families with parents who can work, but do not. According to *Tennessee Trends*, two thirds of Tennessee's poor families have at least one working parent with work as the major source of income. Thirty-eight percent of Tennessee's working poor families are headed by a married couple; 57 percent, by a single female, and only 5 percent, by single males.

Per capita income rates demonstrate the widening gap between the "have's" and "have not's." Tennessee's four major urban counties rank 2 through 5 in per capita income, but they also have the largest population participating in TennCare, Families First, and the Food Stamp Program. Though per capita income rose almost $1,000 in 1996, the incomes of those in the top 5 percent of earners rose more than 4 percent, while the incomes of families living in poverty rose less than 1 percent (Children' Defense Fund, 1998).

Nineteen Tennessee counties have per capita incomes less than $15,000, which is near federal poverty levels for the year. Twelve of these counties are in East Tennessee; five, in Middle Tennessee; and two, in West Tennessee. The median income in Tennessee was $32,800 in 1995, below the national median income of $38,100.

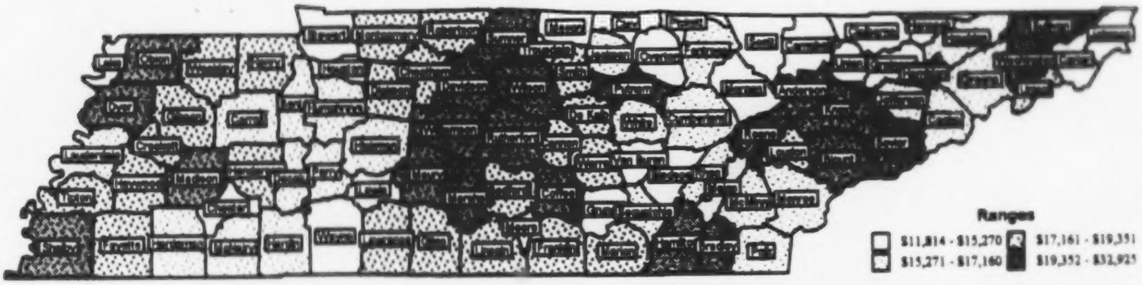


Tennessee's Per Capita Income 1992-1996

Source: Tennessee Department of Economic and Community Development and the University of Tennessee Center for Business and Economic Research

Income

Per Capita Personal Income by County, 1996



County	Per Capita Income* In Dollars
Anderson	22,292
Bedford	18,672
Benton	16,829
Bledsoe	13,676
Blount	19,856
Bradley	21,349
Campbell	14,823
Cannon	17,266
Carroll	17,160
Carter	15,270
Cheatham	18,326
Chester	14,883
Claiborne	14,953
Clay	15,251
Cocke	15,553
Coffee	19,891
Crockett	18,867
Cumberland	16,472
Davidson	29,394
Decatur	16,847
DeKalb	18,110
Dickson	19,216
Dyer	19,930
Fayette	19,351
Fentress	15,674
Franklin	17,719
Gibson	19,029
Giles	19,192
Grainger	14,455
Greene	17,102
Grundy	14,880
Hamblen	19,805
Hamilton	25,401

County	Per Capita Income* In Dollars
Hancock	11,943
Hardeman	15,896
Hardin	16,306
Hawkins	16,905
Haywood	17,656
Henderson	17,798
Henry	19,207
Hickman	15,856
Houston	13,932
Humphreys	16,700
Jackson	15,512
Jefferson	16,205
Johnson	12,060
Knox	23,952
Lake	11,814
Lauderdale	16,101
Lawrence	18,052
Lewis	15,009
Lincoln	17,514
Loudon	19,341
McMinn	16,924
McNairy	16,520
Macon	15,057
Madison	22,066
Marion	17,218
Marshall	20,571
Maury	20,681
Meigs	14,263
Monroe	15,831
Montgomery	18,475
Moore	15,973
Morgan	12,582
Obion	20,675

County	Per Capita Income* In Dollars
Overton	14,591
Perry	16,562
Pickett	14,944
Polk	16,411
Putnam	19,673
Rhea	15,323
Roane	19,601
Robertson	19,341
Rutherford	22,041
Scott	14,159
Sequatchie	15,928
Sevier	20,066
Shelby	26,277
Smith	17,914
Stewart	15,163
Sullivan	21,610
Sumner	21,993
Tipton	17,636
Trousdale	13,447
Unicoi	17,701
Union	12,924
Van Buren	13,098
Warren	18,657
Washington	21,201
Wayne	13,425
Weakley	17,833
White	15,737
Williamson	32,925
Wilson	22,096

Tennessee	22,032

Source: U.S. Department of Commerce, Bureau of Economic Analysis, Regional Economic Measurement Division, May 1998. Prepared by Center for Business and Economic Research, the University of Tennessee.

Note: All estimates are by place of residence. No adjustment has been made for inflation.

* Per capita personal income was computed using Census Bureau midyear population estimates. Estimates for 1990-96 reflect county population estimates available as of March 1998.

Note: The data in this report are for calendar year 1996

Families First

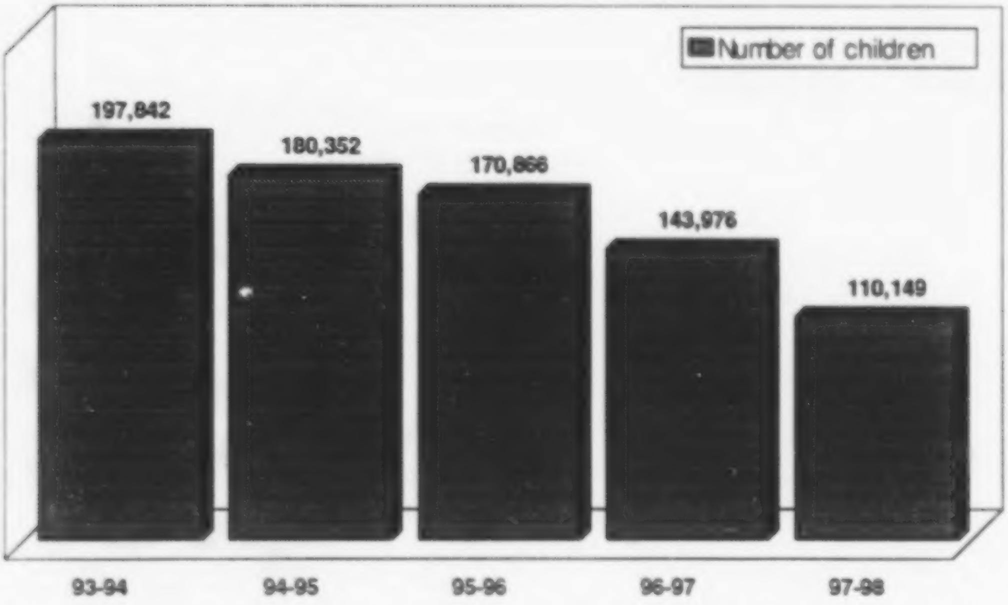
Fewer of Tennessee's children participated in the Families First Program in fiscal year 1997-1998 than in previous years under the Aid to Families with Dependent Children (AFDC) program. Recent figures show that participation decreased by 32,827 children from fiscal year 1996-1997 (22.8 percent).

Families First is the Tennessee Temporary Assistance to Needy Families (TANF) program, which replaced AFDC in September 1996 as a waiver under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. The program provides temporary cash assistance, job training, and educational assistance to reduce the number of families receiving welfare and their dependence on assistance.

The program requires a Personal Responsibility Plan (PRP) and a Work Plan unless the family is exempt from the work requirement. The Personal Responsibility Plan requires teen mothers to stay in school and live at home; parents must ensure that children attend school and receive immunizations and health checks. Parents are also required to attend Life Skills Training. Custodial parents must assist in establishing paternity, and non-custodial parents can face legal action if not making regular child support payments.

Assistance payments do not increase if family size increases during the enrollment period that

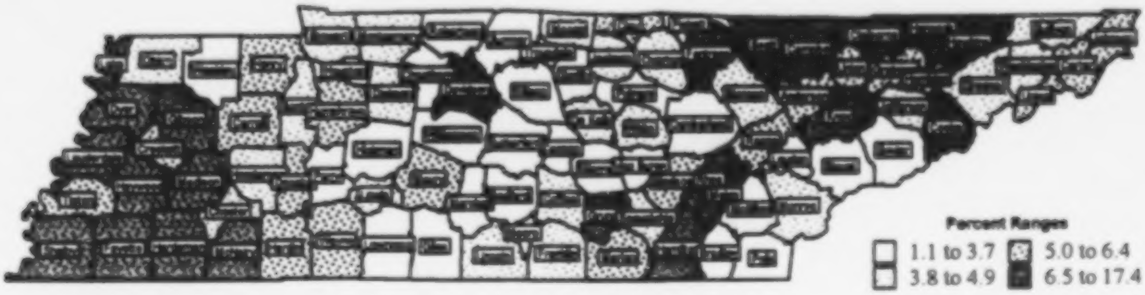
Families First Assistance Groups (Children)
FY 1993-1994 Through FY 1997-1998



Source: Tennessee Department of Human Services. Note: This program was called Aid To Families With Dependent Children (AFDC) prior to 1997.

Families First

Family First Cases and Grant Payments for FY 1997-1998
(Number and percent of children who received grant payments)



County	Families First Number*	Families First Percent**
Anderson	1,059	6.2
Bedford	321	3.7
Benton	183	4.9
Bledsoe	133	5.5
Blount	839	3.7
Bradley	542	2.8
Campbell	720	7.8
Cannon	99	3.2
Carroll	405	5.9
Carter	591	5.3
Cheatham	216	2.2
Chester	172	4.8
Claiborne	697	9.9
Clay	89	5.5
Cocke	541	7.4
Coffee	513	4.3
Crockett	178	5.3
Cumberland	333	3.5
Davidson	15,898	12.3
Decatur	149	6.4
DeKalb	174	4.9
Dickson	461	3.9
Dyer	794	8.3
Fayette	565	6.7
Fentress	254	6.6
Franklin	429	4.9
Gibson	823	7.1
Giles	227	3.2
Grainger	228	5.0
Greene	642	4.9
Grundy	291	8.1
Hamblen	768	6.0
Hamilton	6,614	9.3

County	Families First Number*	Families First Percent**
Hancock	236	14.8
Hardeman	921	13.4
Hardin	327	5.3
Hawkins	773	6.9
Haywood	524	9.5
Henderson	234	4.1
Henry	386	6.0
Hickman	170	3.6
Houston	67	3.7
Humphreys	202	5.0
Jackson	89	4.4
Jefferson	397	4.3
Johnson	215	6.3
Knox	5,596	6.5
Lake	210	13.7
Lauderdale	723	10.7
Lawrence	372	3.6
Lewis	116	4.4
Lincoln	352	4.7
Loudon	214	2.4
McMinn	386	3.5
McNairy	394	7.0
Macon	210	4.6
Madison	2,157	9.5
Marion	345	5.1
Marshall	225	3.4
Maury	947	5.1
Meigs	152	6.9
Monroe	414	4.9
Montgomery	1,538	4.5
Moore	38	3.1
Morgan	199	4.4
Obion	331	4.4

County	Families First Number*	Families First Percent**
Overton	198	4.5
Perry	43	2.4
Pickett	45	4.4
Polk	93	2.9
Putnam	459	3.3
Rhea	600	9.0
Roane	650	5.9
Robertson	530	3.7
Rutherford	1,259	2.8
Scott	552	10.2
Sequatchie	117	4.6
Sevier	421	2.9
Shelby	43,032	17.4
Smith	136	3.4
Stewart	95	3.8
Sullivan	1,504	4.6
Sumner	717	2.2
Tipton	864	6.0
Trousdale	67	4.2
Unicoi	184	5.3
Union	248	6.1
Van Buren	42	3.7
Warren	310	3.5
Washington	1,020	4.6
Wayne	234	5.7
Weakley	251	3.2
White	202	3.9
Williamson	342	1.1
Wilson	526	2.3

Tennessee	110,149	8.1

Source: Tennessee Department of Human Services.

*Number of children (monthly average) who received grant payments.

** Rate is based on 1997 population under 18 estimates prepared by the Department of Sociology, University of Tennessee, Knoxville.

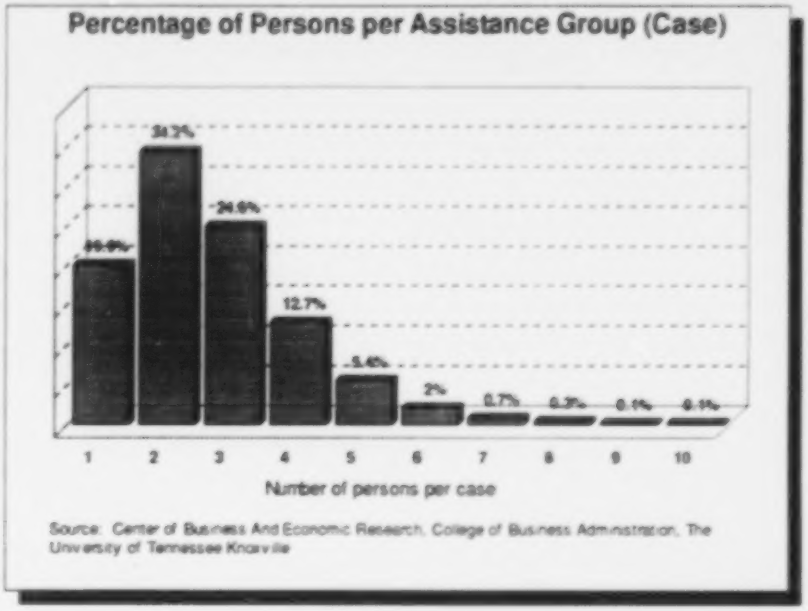
Note: The data in this report are for fiscal year 1997-1998.

Families First

is limited to 18 months at a time, with a five-year lifetime limit. Sanctions are imposed on those who fail to meet their goals on the PRP or Work Plan.

Participants may receive Transitional Services, such as child-care assistance, Food Stamps, and TennCare. Eligibility for Families First requires that children be dependent due to having an absent, unemployed, incapacitated, or deceased parent.

Percentage of Persons per Assistance Group (Case)



Source: Center of Business And Economic Research, College of Business Administration, The University of Tennessee Knoxville

More than 95 percent of assistance groups receive benefits due to absent parents, according to the Families First *1997 Case Characteristics Study*. Only 13.7 percent of these families receive child support from the absent parent. For those who do receive child support, the monthly child support payment increased from an average of $157 in 1995 to $218 in 1997.

In October 1997, Families First had 54,762 families, representing 142,674 people. The average family receiving benefits has 2.6 family members; 76.2 percent have two children or less. The average age of the children in the Families First program is 7.6 years of age. Over 90 percent of Families First school-age children are enrolled and attending school.

In more than 95 percent of assistance groups the caretaker is a female, with almost 83 percent being the children's mother. One half of the mothers have never been married. The average age of the caretaker is 34.2 years of age, two years older than in 1995. More than 53 percent have a high school diploma or GED. Although one-third of caretakers are employed at any given time, 74.4 percent held a job during the 12 months prior to the survey. Less than 35 percent had access to an automobile.

The average grant to each assistance group has decreased since 1995 from $157 to $148. The maximum monthly grant to a family of three is $185, the same as under AFDC. The grant amount has not changed since 1991, when it was lowered from $195. Tennessee ranked 47th among the 50 states in average grant amount in 1996. Only Alabama, Mississippi, and Louisiana provided lower monthly benefits.

The majority of Families First participants live in the four major urban areas of the state. Davidson, Knox, Hamilton, and Shelby counties account for over 65 percent of participants.

WIC

The Women, Infants, and Children (WIC) food program was established in 1974 by Congress. WIC was designed to ensure positive health benefits for pregnant and postpartum women, infants, and children up to five years of age who are at nutritional risk.

WIC recognizes two types of eligibility: 1) medically based risks such as anemia, underweight, maternal age, history of pregnancy complications, or poor pregnancy outcomes; 2) Diet-based risks such as inadequate dietary patterns.

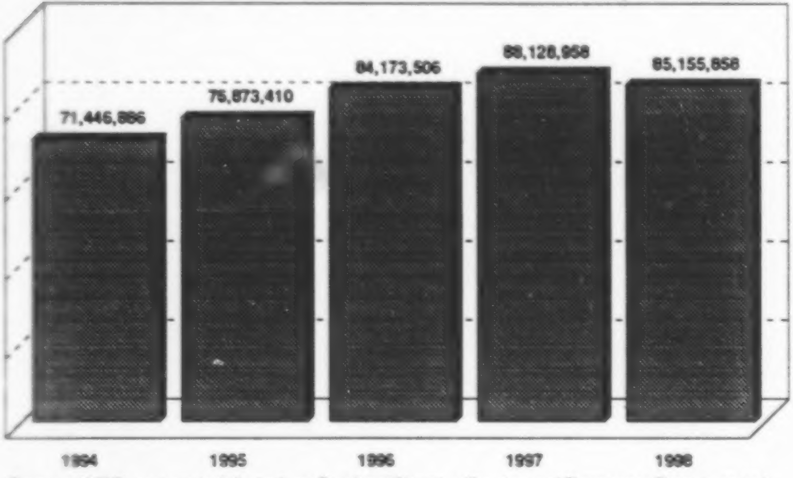
WIC is not an entitlement program, but its benefits are targeted for the disadvantaged population as Congress appropriates the funding. The benefits of WIC are nutrient-dense food packages, nutritional education, and access to health services. WIC promotes foods that are frequently lacking in the target population's diet. These foods are high in iron, calcium, protein, and vitamins.

Nationally, Congress appropriated $3.7 billion for WIC in 1997 and increased that amount to $3.9 billion for 1998. The appropriation for 1998 also included a $12 million increase for the WIC Farmers' Market Nutrition Program. In 1992, a WIC Farmers' Market Nutrition Program was created to provide additional coupons that can be used to purchase fresh fruits and vegetables in farmers' markets to WIC participants (*Family Economics and Nutrition Review*, 1998).

According to the Food Research and Action Center (FRAC), results have indicated positive benefits of participation in WIC. It is estimated that every dollar spent on WIC results in between $1.77 and $3.13 in Medicaid savings for newborns and their mothers. The program has been proven to increase the number of women receiving prenatal care, reduce the incidence of low-birth weight and fetal mortality, reduce anemia, and enhance the nutritional quality of the diet of participants (FRAC, 1998).

Total WIC Expenditures In Tennessee (Federal Outlay and Formula Rebate)

1994-1998 (Fiscal Year from October to September)



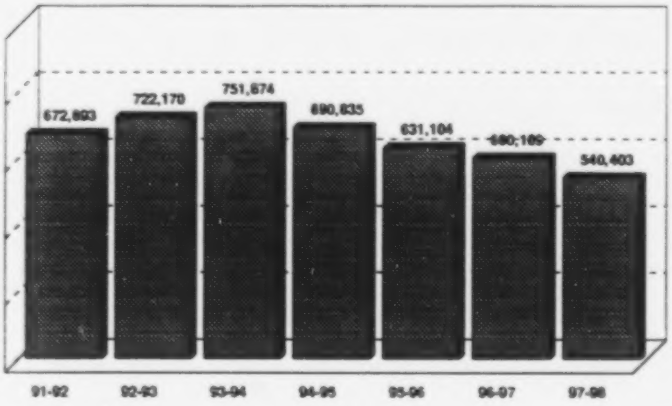
Source: U.S. Department of Agriculture Food and Nutrition Service and Tennessee Department of Health Division of Nutrition Services. 1998 data is only a projection.

Food Stamps

The number of participants in the Food Stamp program in Tennessee declined for the fourth straight year, with 540,403 people receiving food coupons in fiscal year 1997-98. This figure represents a reduction of almost 29 percent from fiscal year 1993-1994, when the program was at an all-time high of 751,874.

Food Stamp Recipients

FY 1991 -1992 Through FY 1997-1998 Monthly Average



Source: Tennessee Department of Human Services

According to the U.S. Department of Agriculture (USDA), in the United States, more than one-half of the people receiving food stamps are children, and 91 percent of all participants live at or below the poverty level, with 40 percent at one-half of the poverty level.

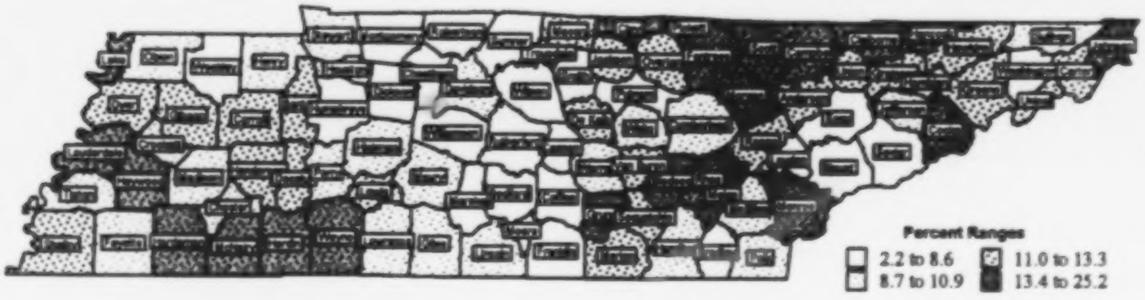
The average household size of those receiving food stamps in Tennessee was 2.3 persons. The average monthly benefit of those households was $154, or less than $67 dollars per person. The benefit is based on the USDA's Thrifty Food Plan that is an annually updated estimate of the monthly cost to provide a family of four an adequate diet. A family is expected to spend one-third of its monthly income on food. The benefit a household receives is equal to the maximum benefit adjusted for household size less 30 percent of the household monthly income. The maximum monthly benefit for a family of four in the contiguous 48 states is $400.

Yet many families who might be eligible do not apply. The Food Research and Action Center (FRAC) estimates that 8 percent of all children are hungry. Reasons for not applying range from not knowing the program still exists to being too ashamed or embarrassed to apply.

One of the myths that has been perpetuated about food stamps beneficiaries is that they make wasteful use of their coupons. Though there may be some negative opinions of the purchases made in the grocery store by some food stamp participants, a study done by Mathematica Policy Research, Inc. concluded that program participants spend their food dollars more wisely than the average family. Food-stamp families are less tempted to buy fatty, sugary foods and beverages than non-food-stamp families. The USDA also reports that the effect of participating in the program on the overall health and nutrition of a household is positive and includes increases in the consumption of meat, dairy products, and vegetables.

Food Stamps

Percent of Population Receiving Food Stamps, FY 1997-1998



County	Recipients	
	Number	Percent*
Anderson	8,443	11.8
Bedford	2,263	6.6
Benton	1,842	11.3
Bledsoe	1,663	15.7
Blount	8,317	8.3
Bradley	6,422	8.0
Campbell	7,293	19.3
Cannon	959	8.0
Carroll	3,353	11.6
Carter	6,587	12.4
Cheatham	1,615	4.7
Chester	1,541	10.6
Claiborne	4,911	16.9
Clay	1,306	17.8
Cocke	6,120	19.4
Coffee	3,793	8.3
Crockett	1,428	10.4
Cumberland	3,731	8.7
Davidson	48,519	9.1
Decatur	1,419	13.2
DeKalb	1,879	11.9
Dickson	3,206	7.8
Dyer	4,681	12.8
Fayette	3,080	10.4
Fentress	3,448	21.7
Franklin	2,801	7.5
Gibson	5,561	11.6
Giles	2,502	8.8
Grainger	2,461	12.6
Greene	6,516	11.0
Grundy	2,979	21.3
Hamblen	5,801	10.8
Hamilton	31,365	10.6
Hancock	1,628	23.9
Hardeman	4,549	18.8
Hardin	4,232	17.1
Hawkins	5,906	12.1
Haywood	4,115	20.8
Henderson	2,965	12.4
Henry	2,958	10.0
Hickman	1,831	9.2
Houston	690	8.8
Humphreys	1,286	7.7
Jackson	1,168	12.2
Jefferson	4,103	9.8
Johnson	2,778	16.8
Knox	28,879	7.9
Lake	1,325	16.2
Lauderdale	3,917	16.2
Lawrence	4,276	10.9
Lewis	1,428	13.3
Lincoln	3,119	10.7
Loudon	2,657	6.9
McMinn	4,046	8.8
McNairy	4,089	17.3
Macon	2,003	11.3
Madison	9,032	10.7
Marion	3,441	12.9
Marshall	1,944	7.6
Maury	6,084	8.9
Meigs	1,490	15.4
Monroe	4,943	14.6
Montgomery	8,729	7.0
Moore	340	6.5
Morgan	3,050	16.5
Obion	3,307	10.3
Overton	2,546	13.3
Perry	819	10.9
Pickett	639	13.9
Polk	1,426	9.7
Putnam	4,901	8.4
Rhea	4,034	14.6
Roane	6,031	12.1
Robertson	3,353	6.5
Rutherford	5,824	3.7
Scott	4,984	25.2
Sequatchie	1,196	11.8
Sevier	5,354	8.6
Shelby	105,115	12.1
Smith	1,274	7.9
Stewart	1,040	9.2
Sullivan	15,281	10.1
Sumner	6,355	5.2
Tipton	4,536	9.9
Trousdale	771	11.3
Unicoi	2,298	13.3
Union	2,017	12.7
Van Buren	584	11.7
Warren	3,547	9.9
Washington	8,565	8.4
Wayne	2,284	13.8
Weakley	2,781	8.5
White	2,192	9.9
Williamson	2,413	2.2
Wilson	4,133	5.1
Tennessee	540,403	10.1

Source: Tennessee Department of Human Services.

* Rate is based on 1997 population estimates prepared by the Department of Sociology, University of Tennessee, Knoxville.

Note: The data in this report are for fiscal year 1997-1998

Labor

The need for better-educated and trained workers continues, as advancements in technology and competition with overseas markets help shape Tennessee's labor market. In this rapidly changing international marketplace, it is important to recognize that individuals and families are displaced from the work force when skills and technology do not match.

The annual employment growth rate during the 11-year period of 1994 to 2005 for Tennessee will average almost 2.4 percent, well above the 1.7 percent projected for the nation as a whole (1994-2005). By the year 2005, the Tennessee economy will generate nearly 674,500 new jobs. Overall, employment in the state will increase by 26 percent from the 1994 employment level of 2,610,630. Tennessee employers and the work force need to be prepared to meet the challenges of the 21st century (*State of Tennessee Outlooks in Brief*).

Unemployment rates for Tennessee as of August 1998 were at 4.2 percent, in contrast to 5.5 percent in August of 1997. The 23.6 percent drop in the unemployment rate indicates a healthy economy for Tennesseans. The 4.2 percent rate is still below the August 1998 national average of 4.5 percent.

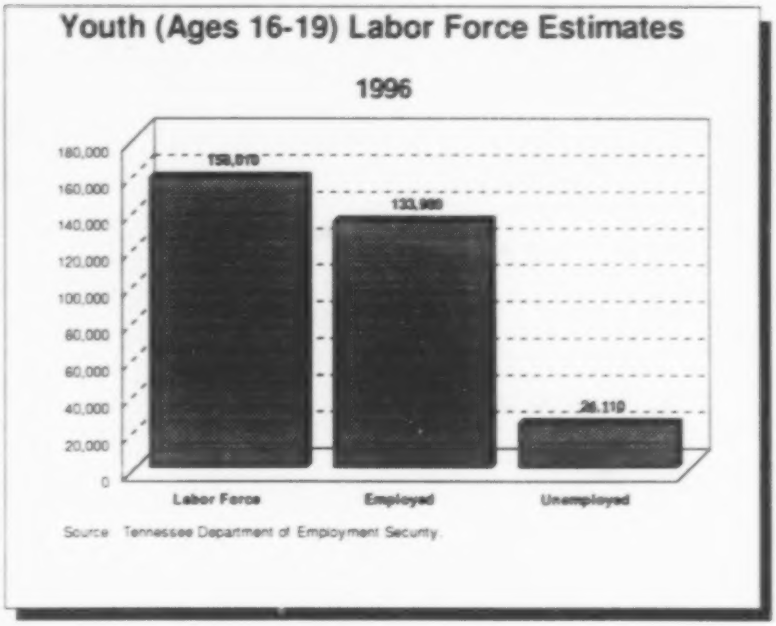
Tennessee's county unemployment rates range from 15.9 in Haywood County to 1.8 percent in Williamson County.

The lack of employment has an impact on children and families through diminished financial resources, increased stress on family life, and the potential for homelessness. It is also important to recognize that the Tennessee counties with high unemployment rates are rural counties with fewer resources.

Youth Labor Force

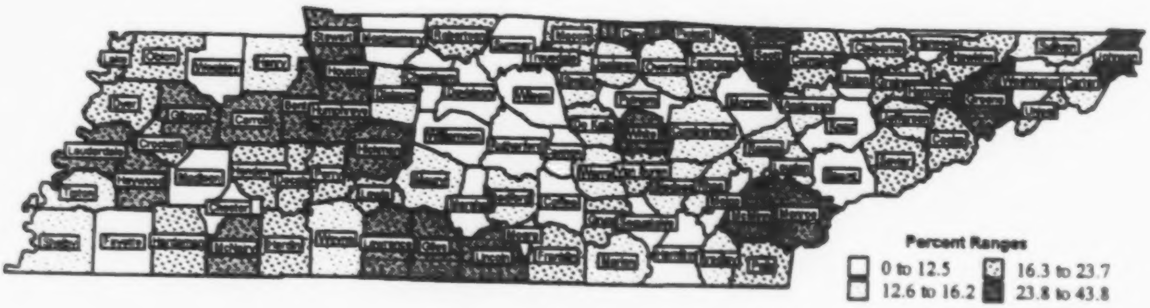
Tennessee's youth labor force is estimated as 158,010 youth between the ages of 16-19, with 84.7 percent employed and 15.3 percent unemployed. The rate of unemployment for teens in Tennessee ranges from 3.8 percent in Cannon County to 43.8 percent in Houston County, according to 1996 averages.

In October 1997, the Tennessee Department of Employment Security instituted the Work Opportunity Tax Credit (WOTC) program that gives a



Source Tennessee Department of Employment Security.

Youth Unemployment Rate (Ages 16-19)*, 1996 Annual Average
Note: This rate is percent.



County	Youth Unemployment	
	Number	Percent
Anderson	290	13.4
Bedford	170	15.0
Benton	130	24.1
Bledsoe	30	14.3
Blount	310	12.0
Bradley	410	14.5
Campbell	280	23.0
Cannon	10	3.8
Carroll	230	27.1
Carter	200	12.7
Cheatham	100	12.3
Chester	60	9.8
Claiborne	150	16.5
Clay	70	26.9
Cocke	270	23.3
Coffee	150	12.3
Crockett	80	19.0
Cumberland	160	12.9
Davidson	1,580	10.8
Decatur	70	20.0
DeKalb	80	13.8
Dickson	160	14.4
Dyer	290	21.8
Fayette	70	11.9
Fentress	120	21.4
Franklin	260	21.0
Gibson	320	24.4
Giles	240	24.2
Grainger	130	21.7
Greene	680	31.8
Grundy	80	20.5
Hamblen	430	21.1
Hamilton	1,000	12.4

County	Youth Unemployment	
	Number	Percent
Hancock	10	7.7
Hardeman	140	23.7
Hardin	150	17.0
Hawkins	240	18.0
Haywood	180	33.3
Henderson	170	21.3
Henry	140	13.3
Hickman	130	24.5
Houston	70	43.8
Humphreys	140	26.4
Jackson	40	14.8
Jefferson	190	13.6
Johnson	140	28.6
Knox	1,090	9.8
Lake	40	22.2
Lauderdale	170	28.8
Lawrence	500	32.5
Lewis	70	20.0
Lincoln	340	31.5
Loudon	180	16.2
McMinn	360	24.8
McNairy	180	27.3
Macon	130	22.8
Madison	370	12.5
Marion	120	15.8
Marshall	70	8.9
Maury	270	12.6
Meigs	30	10.0
Monroe	340	26.8
Montgomery	410	12.5
Moore	0	0.0
Morgan	40	12.1
Obion	230	22.1

County	Youth Unemployment	
	Number	Percent
Overton	100	14.9
Perry	30	21.4
Pickett	40	33.3
Polk	80	20.5
Putnam	280	12.1
Rhea	140	15.9
Roane	250	15.6
Robertson	270	16.7
Rutherford	630	11.1
Scott	120	26.7
Sequatchie	30	9.7
Sevier	400	19.4
Shelby	3,580	15.8
Smith	70	13.7
Stewart	60	24.0
Sullivan	560	14.3
Sumner	400	10.2
Tipton	180	15.0
Trousdale	50	38.5
Unicoi	90	23.7
Union	50	12.5
Van Buren	20	16.7
Warren	180	14.9
Washington	340	10.9
Wayne	70	14.0
Weakley	160	11.9
White	160	25.8
Williamson	180	6.6
Wilson	300	12.2

Tennessee	24,110	15.3

Source: Tennessee Department of Employment Security.

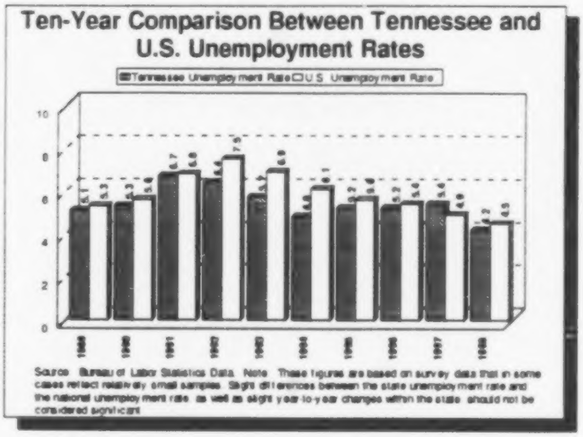
* Youth unemployed rate is the number of persons unemployed ages 16-19 years old, expressed as percent of labor force ages 16-19. Youth unemployed are those who are 16-19 years old and do not have a job but are available for work and actively seeking work. The numbers are the estimates based on 1990 U.S. Census population data.

Note: The data in this report are for calendar year 1996.

tax credit to employers hiring individuals from one or more of eight target groups. WOTC targets two youth groups for participation:

1) **High risk youth**. Youth age18 but not yet age 25 on the hiring date who have their principal place of abode within a designated high need area. (Empowerment Zone or Enterprise Community).
2) **Qualified Summer Youth Employee**. Youth who perform services for the employer between May 1 and September 15 and have attained age 16 but not age 18 on the hiring date, have not been employed by the same employer prior to the 90-day period between May 1 and September 30, and have had their principal place of abode within an Empowerment Zone or Enterprise Community.

Ten-Year Comparison Between Tennessee and U.S. Unemployment Rates



Source: Bureau of Labor Statistics Data. Note: These figures are based on survey data that in some cases reflect relatively small samples. Slight differences between the state unemployment rate and the national unemployment rate, as well as slight year-to-year changes within the state, should not be considered significant.

Tennessee currently has four geographic areas that have been designated by the U.S. Department of Agriculture as Enterprise Communities: Nashville, Memphis, Fayette/Haywood counties, and Scott County in Tennessee/McCreary County in Kentucky (State of Tennessee Department of Economic Security).

Benefits to youth result from targeting the low socioeconomic demographic areas, providing support for low-income and high-risk youth.

Jobs for youth offer an opportunity to develop personal responsibility for assigned duties and to become more self-reliant. Teens who work in sales and other jobs that require extensive social interaction learn to deal more effectively with people and co-workers. Working also contributes to the acquisition of knowledge about business matters, financial concepts, and consumer matters.

Socialization skills are an important benefit for working teens as they develop different social skills than the ones learned in school. Schools are not equipped to train youth in the specific non-academic skills of being an adult, such as self-management, knowledge of how to function in activities that have implications for other people, and the ability to take decisive actions and learn to work.

Detrimental aspects of working can be observed in teens who work more than 20 hours per week. Some of the negative effects for teens are decreased involvement in extracurricular activities, declining grades, and physical fatigue. There is substantial evidence that high levels of job stress or long working hours can lead to increased cigarette, alcohol, and marijuana use.

Excessive commitment to a job may also interfere with the work of growing up, with an adolescent spending too much time in a role that is too constraining. Long amounts of time in a role that involves tasks that are too simple, unchallenging, and irrelevant to their future fails to promote their development.

Annual Average Unemployment Rate, 1997 and 1998
Note: This rate is percent.

County	Unemployment Rate*	
	August 97	August 98
Anderson	5.4	3.6
Bedford	6.0	5.8
Benton	7.6	7.7
Bledsoe	4.5	4.2
Blount	3.9	2.9
Bradley	5.9	4.3
Campbell	5.9	5.3
Cannon	8.5	6.7
Carroll	8.0	9.7
Carter	6.1	4.0
Cheatham	2.8	1.9
Chester	5.5	3.9
Claiborne	4.6	4.4
Clay	25.0	9.6
Cocke	6.2	5.0
Coffee	5.8	5.1
Crockett	7.1	5.5
Cumberland	5.7	5.2
Davidson	3.7	2.5
Decatur	8.1	9.3
DeKalb	7.1	5.5
Dickson	3.8	5.4
Dyer	5.4	4.0
Fayette	5.0	4.5
Fentress	8.8	7.8
Franklin	6.1	5.4
Gibson	7.4	6.4
Giles	6.5	4.8
Grainger	7.9	5.4
Greene	7.3	4.8
Grundy	9.5	6.1
Hamblen	6.6	4.4
Hamilton	5.1	3.6
Hancock	5.7	5.8
Hardeman	14.0	12.6
Hardin	9.1	6.5
Hawkins	5.4	3.6
Haywood	18.2	15.9
Henderson	8.3	7.3
Henry	6.7	7.3
Hickman	5.6	10.0
Houston	21.2	10.6
Humphreys	9.5	8.7
Jackson	7.3	6.2
Jefferson	5.5	4.2
Johnson	7.8	6.5
Knox	3.7	3.7
Lake	5.8	9.2

County	Unemployment Rate*	
	August 97	August 98
Lauderdale	9.2	7.9
Lawrence	15.5	10.9
Lewis	17.4	11.3
Lincoln	9.9	5.3
Loudon	4.6	2.7
McMinn	7.8	5.7
McNairy	7.6	5.6
Macon	9.6	6.9
Madison	4.6	3.5
Marion	7.5	5.3
Marshall	4.4	5.3
Maury	6.2	4.5
Meigs	8.2	5.8
Monroe	8.5	5.7
Montgomery	5.2	3.7
Moore	3.4	3.0
Morgan	7.5	7.6
Obion	6.6	4.5
Overton	9.1	5.1
Perry	8.0	6.6
Pickett	6.5	4.9
Polk	7.3	5.8
Putnam	5.7	3.3
Rhea	8.6	7.1
Roane	7.3	4.8
Robertson	5.0	3.7
Rutherford	5.1	3.5
Scott	7.7	6.0
Sequatchie	8.4	5.9
Sevier	3.5	3.0
Shelby	5.1	3.9
Smith	6.0	3.9
Stewart	14.6	8.0
Sullivan	4.6	3.8
Sumner	3.7	3.4
Tipton	5.3	4.3
Trousdale	7.7	8.6
Unicoi	7.3	4.3
Union	4.3	5.6
Van Buren	9.7	4.1
Warren	9.6	5.2
Washington	4.3	3.1
Wayne	15.8	15.6
Weakley	6.8	7.4
White	8.9	4.4
Williamson	2.5	1.8
Wilson	4.1	3.3
Tennessee	5.5	4.2

Source: Tennessee Department of Employment Security.

*Unemployed persons: all persons who had no employment during the reference week, were available for work except for temporary illness, and had made specific efforts to find employment some time during the four-week-period ending with the reference week. Persons who were waiting to be recalled to a job from which they had been laid off need not have been looking for work to be classified as unemployed.

Note: The data in this report are for August 1997 and August 1998.

Housing

Not every child and family in Tennessee is fortunate to live in a home, according to a report by the Center on Budget and Policy Priorities. Nationally, the number of low-income renters and the median rental costs paid by low-income renters increased between 1991 and 1995. During the same time, the availability of low-cost housing units decreased (*In Search of Shelter*, 1998).

The housing gap, along with long waiting lists for housing assistance, leaves some children and families to seek housing in shelters that sometimes disconnect them from their communities. Causes for homelessness may develop from:

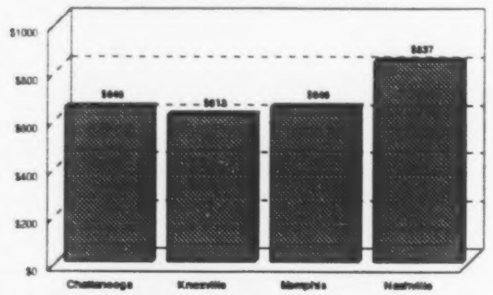
- ✓ A decline in economic prosperity.
- ✓ Single-parent families.
- ✓ Low income.
- ✓ Lack of social networks.
- ✓ High deposit costs.

Education, training, and employment opportunities play a part in the lives of low-income renters.

One factor considered when assessing the well-being of children and their families is their cost of living. The largest portion of a family's income is spent on housing. A common tool used to determine the housing cost burden is whether the amount paid for housing exceeds 30 percent of household income (*In Search of Shelter*, 1998). Nationally, approximately 80 percent of poor renter families with at least half-time minimum wage earnings spent more than 30 percent of their income on housing. About one-third of families working full-time spent more than 50 percent of their income on housing (*In Search of Shelter*, 1998). High housing costs restrict the amount of money that a family can spend on food, transportation, child care, clothing, school, and medical expenses.

Final Fair Market Rents for Metropolitan Area - 1998

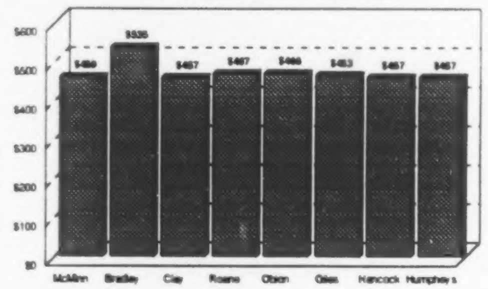
Monthly Rental For Three Bedroom Apartment



Source: The Federal Register of September 26, 1997 (HUD)

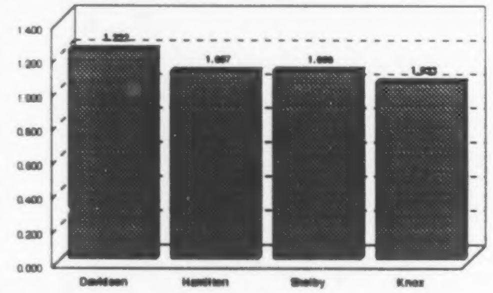
Final Fair Market Rents for Non-Metropolitan County - 1998

Monthly Rental for Three Bedroom Apartment



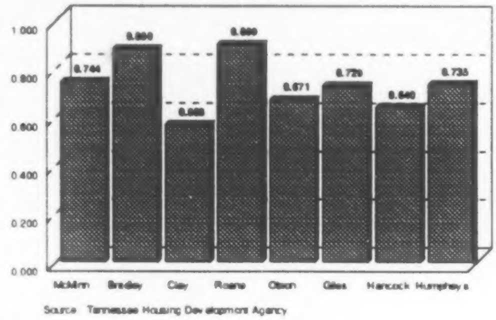
Source: The Federal Register of September 26, 1997 (HUD)

Housing Price Index for Metropolitan County - 1996



Source: Tennessee Housing Development Agency

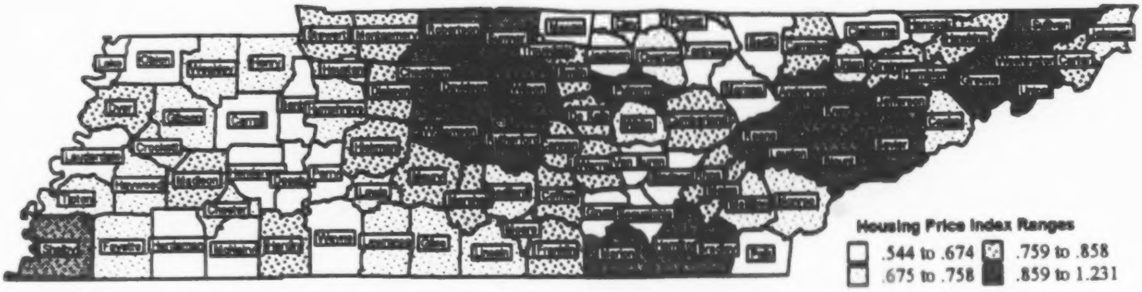
Housing Price Index for Non-Metropolitan County - 1996



Source: Tennessee Housing Development Agency

Housing

Housing Price Index, 1996



County	Housing Price Index*
Anderson	1.012
Bedford	0.734
Benton	0.544
Bledsoe	0.654
Blount	0.937
Bradley	0.880
Campbell	0.812
Cannon	0.849
Carroll	0.617
Carter	0.771
Cheatham	0.915
Chester	0.701
Claiborne	0.666
Clay	0.568
Cocke	0.686
Coffee	0.772
Crockett	0.690
Cumberland	0.845
Davidson	1.222
Decatur	0.589
DeKalb	0.856
Dickson	0.827
Dyer	0.779
Fayette	0.711
Fentress	0.606
Franklin	0.838
Gibson	0.710
Giles'	0.729
Grainger	0.807
Greene	0.862
Grundy	0.580
Hamblen	0.850
Hamilton	1.097
Hancock	0.640
Hardeman	0.603
Hardin	0.835
Hawkins	0.804
Haywood	0.703
Henderson	0.669
Henry	0.748
Hickman	0.774
Houston	0.738
Humphreys	0.735
Jackson	0.612
Jefferson	0.873
Johnson	0.736
Knox	1.033
Lake	0.602
Lauderdale	0.639
Lawrence	0.707
Lewis	0.721
Lincoln	0.680
Loudon	1.105
McMinn	0.744
McNairy	0.602
Macon	0.674
Madison	0.785
Marion	0.881
Marshall	0.830
Maury	0.858
Meigs	0.775
Monroe	0.753
Montgomery	0.786
Moore	0.705
Morgan	0.663
Obion	0.671
Overton	0.758
Perry	0.607
Pickett	0.764
Polk	0.639
Putnam	0.870
Rhea	0.817
Roane	0.899
Robertson	0.897
Rutherford	0.870
Scott	0.639
Sequatchie	0.670
Sevier	1.058
Shelby	1.098
Smith	0.855
Stewart	0.856
Sullivan	0.875
Sumner	0.970
Tipton	0.711
Trousdale	0.720
Unicoi	0.899
Union	0.748
Van Buren	0.544
Warren	0.786
Washington	0.912
Wayne	0.600
Weakley	0.701
White	0.721
Williamson	1.231
Wilson	0.990
Tennessee	1.000

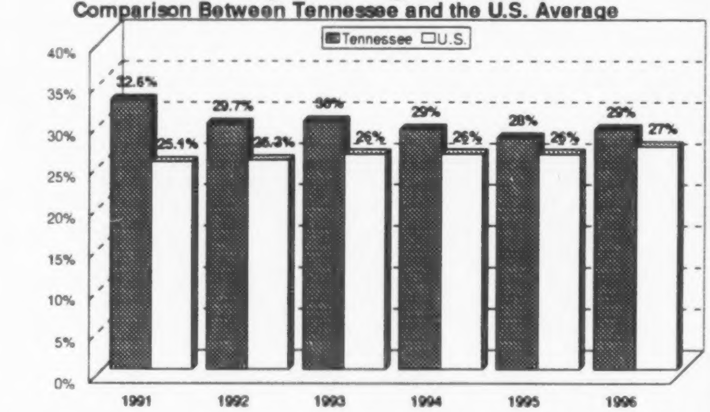
Source: Tennessee Housing Development Agency.

* A value greater than one indicates that housing of comparable quality costs more in that county than it does in the state as a whole. The housing price index is calculated by dividing a county's average price paid per home (standardized so that state quality equals the state average price) by the quality measure.

Note: The data in this report are for calendar year 1996.

Single-Parent Families

The percentage of children living in single parent families in Tennessee was higher than the national average every year from 1991 to 1996 (1999 National Kids Count Data Book).



Percent of Families with Children Headed by a Single Parent

Comparison Between Tennessee and the U.S. Average

Source: The Annie E. Casey Foundation (1994-1999). Kids Count Data Book: State Profiles of Child Well-Being. Baltimore: The Annie E. Casey Foundation. Figures Shown Here Represent Three-Year Averages.

Total births to white teen mothers remain higher (n=2,525) than total births to African-American teens (n=1,686).

In the category live births to unmarried mothers by race, there was an 11 percent increase in births to white teen mothers from 1993 to 1997 and a 1 percent decrease in births to African-American teen mothers.

Although the percentage of single females with children is dropping, Tennessee ranked worse than 39 other states. Percentages still need to be lower to ensure that children are given opportunities to grow up in healthy financially stable environments.

Single-parent families remain disadvantaged relative to two-parent families in economic status, health, and housing conditions. Children living with a never-married mother are the most economically disadvantaged of all children, reports Bianchi in the 1995 publication *Single-Parent Families: Diversity, Myths and Realities.*

A high divorce rate and high non-marital birth rate indicate that a record number of children are growing up without their fathers actively involved in their lives. For the first time in our history, the average child can expect to live a significant portion of his or her life in a home without a father, as reported in *Father Facts.*

Child support is a financially distressing aspect of failed marriages. Nationally, it has been estimated that $34 billion in court-ordered child support has not been paid, according to M.J. White's *Collecting Child Support is a Federal Matter.* There are 800,000 children on government assistance due to unpaid child support, White reported.

Single Parent Families

The impact of father absence on children can have far-reaching effects. Vice President Al Gore said in a 1994 presentation at the National Summit on Fatherhood children without fathers are:

- ✓ Twice as likely to drop out of school.
- ✓ If boys, be more prone to violence.
- ✓ If girls, be more prone to have children out of wedlock, starting the cycle all over again.

> Fathers also play a particularly important role in preventing drug use.
>
> 1988 University of California-Los Angeles study

A national study on non-traditional families that looked at 17,000 children and controlled for age, sex, race, maternal employment, and family income reported unsettling findings in an article published in the Wall Street Journal in 1990. The study found that, compared to children living with both biological parents, children living with a divorced mother only or a parent and a stepparent were:

- ✓ 20 to 30 times more likely to have an accident.
- ✓ 40 to 70 percent more likely to repeat a grade in school.
- ✓ 70 percent more likely to be expelled from school.

Fathers also play a particularly important role in preventing drug use. A 1988 University of California-Los Angeles study reported that although mothers are more active than fathers in helping their children with personal problems, the father's involvement is more important with regard to youthful drug use.

Among families with strict fathers, only 18 percent of the children used alcohol or drugs, compared to 35 percent of the children who used drugs frequently and were from homes headed by single mothers (Hewlett, 1991).

Population

The faces in Tennessee neighborhoods are changing. The U.S. Census Bureau reports that between 1990 and 1997 the Hispanic population in Tennessee grew 73 percent, from 32,742 to 56,614.

Overall, the state population has grown by 10 percent.

National Census data show that the number of immigrants living in the United States has almost tripled since 1970, rising to an all-time high of 26.3 million. This number exceeds the growth of the native-born American population, but may be underestimated as it only includes legal immigrants (U.S. Census Bureau ,1998).

The Center for Immigration Studies reports that the characteristics of this new population are that they are poor, more in need of welfare benefits, and less educated, thus presenting our communities and neighborhoods with serious challenges.

These challenges face schools, health departments, hospitals, unemployment offices, and other local agencies that serve children and families. Children and families who do not speak English have a hard time finding people who can translate. Tennessee hospitals are seeing young women presenting for deliveries that have not had prenatal care, do not have a doctor, and do not have insurance. The local hospitals and communities then absorb the medical expense. New efforts are underway to incorporate this ever-changing population by offering translators at local health departments on certain days, phone instructions in various language choices, and increasing the number of schools offering English as a Second Language (ESL) classes.

Estimates of the Population Under 18 in Tennessee

By Race, and Hispanic Origin; 1997

NON HISPANIC	ESTIMATED POPULATION	HISPANIC	ESTIMATED POPULATION
White male	517,572	White male	8,137
White female	487,443	White female	7,914
Black male	144,372	Black male	935
Black female	139,441	Black female	800
American Indian, Eskimo, and Aleut male	1,417	American Indian, Eskimo, and Aleut male	264
American Indian, Eskimo, and Aleut female	1,378	American Indian, Eskimo, and Aleut female	278
Asian and Pacific Islander male	7,236	Asian and Pacific Islander male	296
Asian and Pacific Islander female	6,975	Asian and Pacific Islander female	331
Total Non Hispanic Estimated Population	1,305,834	Total Hispanic Estimated Population	18,955

Source: U.S. Bureau of the Census, data differs from population tables due to variations in reporting estimates (updated at varying times).

Estimates of the Population of Tennessee

By Race, and Hispanic Origin - 1997

NON HISPANIC	ESTIMATED POPULATION	HISPANIC	ESTIMATED POPULATION
White male	2,127,643	White male	25,220
White female	2,245,866	White female	23,430
Black male	410,034	Black male	2,890
Black female	469,150	Black female	2,403
American Indian, Eskimo, and Aleut male	5,493	American Indian, Eskimo, and Aleut male	524
American Indian, Eskimo, and Aleut female	5,991	American Indian, Eskimo, and Aleut female	497
Asian and Pacific Islander male	22,962	Asian and Pacific Islander male	810
Asian and Pacific Islander female	24,845	Asian and Pacific Islander female	840
Total Non Hispanic Estimated Population	5,311,984	Total Hispanic Estimated Population	56,614

Source: U.S. Bureau of the Census, data differs from population tables due to variations in reporting estimates (updated at varying times).

Population

Tennessee Population and Percent of Population under 18 Years, 1997

County	Total Population	Number Under 18	Percent Under 18
Anderson	71,429	17,152	24.0
Bedford	34,162	8,767	25.7
Benton	16,311	3,725	22.8
Bledsoe	10,599	2,423	22.9
Blount	100,377	22,924	22.8
Bradley	80,250	19,399	24.2
Campbell	37,859	9,182	24.3
Cannon	12,039	3,062	25.4
Carroll	28,904	6,912	23.9
Carter	53,082	11,251	21.2
Cheatham	34,405	9,827	28.6
Chester	14,524	3,611	24.9
Claiborne	28,999	7,070	24.4
Clay	7,331	1,608	21.9
Cocke	31,597	7,312	23.1
Coffee	45,520	12,028	26.4
Crockett	13,798	3,387	24.5
Cumberland	43,120	9,473	22.0
Davidson	533,689	129,623	24.3
Decatur	10,766	2,333	21.7
Dekalb	15,801	3,582	22.7
Dickson	41,024	11,706	28.5
Dyer	36,451	9,511	26.1
Fayette	29,526	8,403	28.5
Fentress	15,903	3,873	24.4
Franklin	37,146	8,788	23.7
Gibson	48,108	11,665	24.2
Giles	28,478	7,187	25.2
Grainger	19,462	4,545	23.4
Greene	59,446	13,152	22.1
Grundy	13,975	3,574	25.6
Hamblen	53,737	12,777	23.8
Hamilton	294,676	71,268	24.2
Hancock	6,805	1,600	23.5
Hardeman	24,155	6,849	28.4
Hardin	24,746	6,203	25.1
Hawkins	48,777	11,186	22.9
Haywood	19,798	5,522	27.9
Henderson	23,998	5,688	23.7
Henry	29,702	6,485	21.8
Hickman	19,906	4,738	23.8
Houston	7,801	1,791	23.0
Humphreys	16,797	4,026	24.0
Jackson	9,553	2,042	21.4
Jefferson	42,054	9,132	21.7
Johnson	16,556	3,440	20.8
Knox	365,626	85,518	23.4
Lake	8,190	1,534	18.7
Lauderdale	24,161	6,761	28.0
Lawrence	39,114	10,422	26.6
Lewis	10,741	2,624	24.4
Lincoln	29,203	7,478	25.6
Loudon	38,234	8,879	23.2
McMinn	45,890	10,966	23.9
McNairy	23,678	5,601	23.7
Macon	17,779	4,524	25.4
Madison	84,795	22,824	26.9
Marion	26,733	6,816	25.5
Marshall	25,658	6,648	25.9
Maury	68,099	18,391	27.0
Meigs	9,697	2,206	22.7
Monroe	33,934	8,368	24.7
Montgomery	124,252	34,135	27.5
Moore	5,227	1,229	23.5
Morgan	18,494	4,482	24.2
Obion	32,118	7,546	23.5
Overton	19,136	4,378	22.9
Perry	7,487	1,792	23.9
Pickett	4,605	1,026	22.3
Polk	14,703	3,202	21.8
Putnam	58,264	13,893	23.8
Rhea	27,588	6,650	24.1
Roane	49,909	11,009	22.1
Robertson	51,482	14,493	28.2
Rutherford	159,543	44,853	28.1
Scott	19,788	5,428	27.4
Sequatchie	10,102	2,561	25.4
Sevier	62,602	14,697	23.5
Shelby	865,970	246,634	28.5
Smith	16,079	3,997	24.9
Stewart	11,257	2,473	22.0
Sullivan	150,684	33,045	21.9
Sumner	121,836	32,012	26.3
Tipton	45,981	14,309	31.1
Trousdale	6,805	1,584	23.3
Unicoi	17,259	3,445	20.0
Union	15,913	4,082	25.7
Van Buren	4,994	1,136	22.7
Warren	35,779	8,757	24.5
Washington	101,558	22,125	21.8
Wayne	16,553	4,118	24.9
Weakley	32,844	7,838	23.9
White	22,167	5,245	23.7
Williamson	111,373	31,347	28.1
Wilson	81,172	22,436	27.6
Tennessee	5,368,198	1,355,319	25.2

Source: The 1990 U.S. Census Population and Housing, June 1998 Revision, Prepared by the Center for Business and Economic Research, the University of Tennessee, Knoxville, 1998.
Note: The data in this report are for calendar year 1997.

Appendices

Definitions

References

Definitions and Data Sources

Health

Births Lacking Adequate Prenatal Care Data represent the percent of births that have inadequate or intermediate prenatal care as measured by the Kessner Index. The Kessner Index is a scale of adequacy of prenatal care based on standards of the American College of Obstetricians and Gynecologists. This index of adequacy of prenatal care is based on the number of prenatal visits adjusted for gestational age. The data in this report were compiled by the Tennessee Department of Health for the calendar year 1997.

Child Death Rate represents the number of deaths per 100,000 children ages 1 to 14 from all causes. The data are reported by residence. This rate may appear excessively high in counties with small populations, although few child deaths occurred. The data in this report were compiled by the Tennessee Department of Health for the calendar year 1997.

Infant Mortality Rate represents the number of deaths per 1,000 live births of infants under one year of age. The data are reported by residence. The data in this report were compiled by the Tennessee Department of Health for the calendar year 1997.

Low-Birth-Weight Babies Data represent the percent of live births recorded as low-birth-weight babies who weigh under 2,500 grams (5.5 pounds) at birth. The data in this report were compiled by the Tennessee Department of Health for the calendar year 1997.

Sexually Transmitted Disease Rate represents the number of teens ages 15 to 17 per 100,000 who were diagnosed with sexually transmitted diseases. The data in this report were compiled by the Tennessee Department of Health for the calendar year 1997.

Teen Birth Rate represents the number of births to teens ages 15-17 per 1,000 females in this age group. The data in this report were compiled by Tennessee Department of Health for the calendar year 1997.

Teen Pregnancy Rate represents the number of live births, reported fetal deaths, and induced terminations of pregnancy per 1,000 teens ages 15-17. The data in this report were compiled by Tennessee Department of Health for the calendar year 1997.

Teen Violent Death Rate represents the number of deaths per 100,000 teens ages 15 to 19 from homicide, suicide, and accidents. The data in this report were compiled by the Tennessee Department of Health for the calendar year 1997.

TennCare Data are presented in two separate tables: 1) the percentage of the total population under age 18 who receive benefits and 2) the percentage of the total population who receive benefits. Individuals included in the data were children and adults eligible for Medicaid, children and adults considered uninsurable, and children and adults who had applied and were approved for TennCare. The data in this report were compiled by the Bureau of TennCare for 1998.

Uninsured Enrollee reports individuals who do not have access to private insurance, i.e., people who enrolled early in the program when enrollment was open, Medicaid enrollees who are losing Medicaid eligibility and have no private insurance available, children enrolling under the open enrollment for children, and dislocated workers.

Uninsurable Enrollee identifies individuals who provided documentation that they cannot get private insurance because of pre-existing medical conditions.

Education

Average Daily Attendance divides the total number of days present by the number of days taught within the accounting period (20 days) reported to the fourth decimal place. To calculate FTEADA for vocational classes, divide total hours attended by 120 (a 6-hour day times a 20-day accounting period).

Cohort Dropout Rate represents the percentage of an entering 9th grade class that has dropped out by the end of the 12th grade. The cohort rate measures what happens to a single group, or cohort, of students over a period of time. Cohort rates are important because they reveal how many students starting in a specific grade drop out over time. This is a new data category in Tennessee.

Early Head Start was designed with the advice of the Advisory Committee on Services to Families with Infants and Toddlers. Established by the Secretary of the U.S. Department of Health and Human Services, the Committee consisted of the leading academic and programmatic experts in early childhood development and family support. Early Head Start builds upon both the latest research and the experiences of such pioneering initiatives as the Parent and Child Centers and the Comprehensive Child Development Program.

Event Dropout Rate represents the percentage of a specific school population who drop out during a calendar year. The event dropout rate provides a measure of recent dropout experiences. Event rates are important because they reveal the proportion of students who leave high school each year without completing a high school program. Tennessee defines it as the number of dropouts (grades 9-12) in a given calendar year divided by the net enrollment (grades 9-12) for the same year.

Expulsion occurs when a student is prohibited from attendance at school, usually long term. A student is not recorded as being a part of the public school attendance program during the expulsion term. According to TCA 49-6-3401(g) expelled means removed from the pupil's regular school program at the location where the violation occurred or removed from school attendance altogether, as determined by the school official.

Head Start is a national program that provides comprehensive developmental services for America's low-income, preschool children ages 3 to 5 and social services for their families. Specific services for children focus on education, socio-emotional development, physical and mental health, and nutrition.

High School (Grade 9-12) Dropout Data represent the number of dropouts per 100 students in grades 9 to 12 in a calendar year from June to June (the school year and preceding summer) divided by net enrollment at the end of school year. The number of dropouts is collected and reported by school systems using the Tennessee School Register (TSR). The data in this report were compiled by the Tennessee Department of Education for school year 1997-98.

Net Enrollment is the sum of original students who were enrolled after the last day of the previous school year and students entering for the first time in this school year or who transferred from another state.

Regulated Child Care Agencies and Spaces Data represent the capacities of child-care agencies measured by the number of agencies and spaces. The data in this report were compiled by the Tennessee Department of Human Services on July 1, 1998.

Students in Special Education Data represent the percent of students in Tennessee school systems who received special education services. This group includes gifted children, those with disabling conditions, such as learning disabilities, mental retardation, speech or language impaired, emotionally disturbed, autistic, health impaired, physically impaired, deaf, hearing impaired, visually impaired, deaf/blind, multi-handicapped, functionally retarded, developmentally delayed, or traumatic brain injury. The data in this report were compiled by the Tennessee Department of Education for school year 1997-1998.

Students Participating in Free and Reduced-Breakfast Program Data represent the percent of students who received free or reduced-price breakfasts because their family incomes met certain criteria based on U.S. poverty levels. The data in this report were compiled by the Tennessee Department of Education for school year 1997-1998.

Students Participating in Free and Reduced-Lunch Program Data represent the percent of students who received free or reduced-price lunches because their family incomes met certain criteria based on U.S. poverty levels. The data in this report were compiled by the Tennessee Department of Education for school year 1997-1998.

Suspension occurs when a student is suspended from attendance at a school, usually short term. The student is recorded as a part of the public school attendance program during the out-of-school suspension.

Social

Child Abuse and Neglect Rate represents the number of cases per 1,000 children under 18 years old. Child Abuse and Neglect is defined as a foreseeable and avoidable injury or impairment to a child or the unreasonable prolonging or worsening of an existing injury or impairment in a child. The data in this report were compiled by the Tennessee Department of Children's Services for the calendar year 1997.

Children Referred to Juvenile Courts Data represent the percent of children under 18 years old who are referred to a juvenile court. A referral is defined as any action involving a juvenile that results in a determination finding or an outcome with a written record maintained in the juvenile's name. There are three categories of reasons for referrals: 1) offenses against persons, offenses against property, illegal conduct, violation proceedings, and status offenses; 2) issues affecting the safety and well-being of the referred child, such as abuse, dependency, neglect, or termination of parental rights; and 3) judicial actions taken on behalf of the child or upon request of the child and parent or guardian. The data in this report were an analysis of raw data provided by the Tennessee Council of Juvenile and Family Court Judges for the calendar years 1993 to 1997.

Children in State Custody Data represent children (per 1,000) who are listed as being in the legal custody of the state as of June 30, 1998 (the last day of the state fiscal year). The data in this report were compiled by the Tennessee Department of Children's Services for the fiscal year 1997-1998.

Commitment Rate to State Custody Data represent the number of children (per 1,000) who are committed to state custody by a court order, juvenile court commitment order, or an order issued by a juvenile court judge or referee. Children in state care are in the legal custody of the Tennessee Department of Children's Services. The data in this report were compiled by the Tennessee Department of Children's Services for the fiscal year 1997-1998.

Economic

Assistance Units (AU) are groupings of individuals based on benefit eligibility (cases).

Children in Poverty Data represent the percent of related children, including the head of the family's children by birth, marriage, or adoption, as well as other persons less than 18 years old related to the family head, living in families with incomes below the U.S. poverty threshold (defined by the U.S. Bureau of the Census). In 1994, the poverty threshold for a family of four persons was $14,625. The data in this report were compiled by The Annie E. Casey Foundation (1994-1999). *Kids Count Data Book 1999, State Profiles of Child Well-Being*. Baltimore: The Annie E. Casey Foundation.

Eligible Children are the children in particular households who qualify as a part of an assistance unit (case).

Families First Cases and Grant Payments Data represent the percent of children under 18 years old who received financial support from Families First, Tennessee's Temporary Assistance for Needy Families (TANF) program. The data in this report were compiled by the Tennessee Department of Human Services for the fiscal year 1997-1998.

Food Stamp Population Data represent the percent of Tennessee's eligible population who receive food coupons from the federally funded Food Stamp Program. The data in this report were compiled by the Tennessee Department of Human Services for the fiscal year 1997-1998.

Households refer to groupings of individuals living in a residence.

Housing Price Index is calculated by dividing a county's average price paid per home (standardized so that state quality equals the state average price) by the quality measure. A value greater than one indicates housing of comparable quality costs more in that county than it does in the state as a whole. The data in this report were compiled by the Tennessee Housing Development Agency for the calendar year 1996.

Noneligible Children are children in a household who do not qualify for the assistance unit.

Per Capita Income by County Data represent the per capita personal income for a county. The data in this report were compiled by the Center of Business and Economic Research, College of Business Administration, the University of Tennessee, Knoxville, for the calendar year 1996.

Population Data represent the number of persons living in a statistical unit, (i.e., a state or county). The data in this report were compiled by the Center of Business and Economic Research, College of Business Administration, the University of Tennessee, Knoxville, for the calendar year 1997.

Population Under 18 Data represent the percent of total resident population under the age of 18 years, including dependents of Armed Forces personnel stationed in the defined areas. The data in this report were compiled by the Center of Business and Economic Research, College of Business Administration, the University of Tennessee Knoxville, for the calendar year 1997.

Single Parent Family Data represent the percent of families with "own children" under age 18 living in a household headed by an adult, male or female, without a spouse present in the home. "Own children" are never-married children under age 18 who are related to the householder by birth, marriage, or adoption. The data in this report were compiled by The Annie E. Casey Foundation. *Kids Count Data Book: State Profiles of Child Well-Being*. Baltimore: The Annie E. Casey Foundation (1999).

Unemployment Rates represent the percent of unemployed persons during the reference week who were available for work, except for temporary illness. In addition, these individuals had made specific efforts to find employment at some time during the four-week period ending with the reference week. (People who were waiting to be recalled to a job from which they had been laid off need not have been looking for work to be classified as unemployed.) The data in this report were compiled by the Tennessee Department of Employment Security for August 1997 and August 1998.

Youth Unemployment Rate represents the percent of people who are 16 to 19 years old and do not yet have a job but are available to work or actively seeking employment. The numbers are estimates based on 1990 U.S. Census population data. The data in this report were compiled by the Tennessee Department of Employment Security for the calendar year 1996.

WIC The Women, Infants, and Children Food Program was established in 1974 by Congress. WIC was designed to ensure positive health benefits for pregnant and postpartum women, infants, and children up to five years of age who are at nutritional risk. WIC provides essential milk and food supplements to aid normal growth and development.

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